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ORIGINAL ARTICLES.

PRACTICAL SUGGESTIONS UPON THE ALIMENTATION OF PATIENTS SUFFERING FROM DYSPHAGIA.¹

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Few expressions suggest to the mind of the experienced physician so much of extreme suffering as does the word dysphagia. To the patient, already enfeebled by irremediable constitutional disease, and requiring all the help which good nourishment can afford, this symptom comes as an overwhelming blow, which effectually crushes out all hope for life and for comfort which may remain. Again, when safety lies in the successful passage of a dangerous crisis, the want of proper sustentation will often prove disastrous, while, in cases of less apparent danger, the demoralizing effects of severe dysphagia are often most serious. We may well be impressed with the important relations which it bears toward the general well-being of the patient, and the urgent necessity which always exists for its relief.

The object of this paper will be to remind you of the morbid conditions with which dysphagia may be prominently associated; to discuss briefly its direct influence upon these conditions; to suggest for its relief some methods which have heretofore not been fully appreciated and utilized; and, finally, to urge the prompt employment of these methods in all cases in which they are likely to be of service. Dysphagia may be caused by organic, by functional, or by surgical derangement of one or more of the parts concerned in deglutition. Again, these derangements may be either acute or chronic, remediable or irremediable, so that the indications to be met, and the end to be attained, cover a wide and varied field.

The *organic* derangements which most frequently cause dysphagia are: *a.* Tuberculosis; *b.* Cancer; *c.* Syphilis; *d.* Diphtheria; *e.* Tonsillitis; *f.* Parotitis; *g.* Retro-pharyngeal abscess.

The *functional* derangements are: *a.* Spasm of the pharyngeal constrictors; *b.* Paralyzes.

The *surgical* conditions are: Operations upon and injuries to—*a.* The soft and hard palate and uvula; *b.* The tonsils; *c.* The pharynx; and, *d.* The larynx.

In all of these conditions, the act of deglutition will produce:

1. Pain, either local or reflex; or,
2. Mechanical or chemical injury to parts already inflamed or ulcerated; or it may cause both.

These, and especially the first, may, not only by interfering with the ingestion of food, but also, by

the depressing effect upon the nervous system of frequently recurring shock, result in:

3. Impairment of nutrition.

The general indications to be met would therefore be:

1. The securing of rest, and avoidance of causes which excite pain.

2. Protection of the parts from mechanical or chemical injury.

3. The maintenance of nutrition.

Heretofore, the resources for meeting these indications have been crude, limited, and ineffectual. Thus, in tubercular or cancerous ulceration of the throat, the patient, unable to swallow either solid or liquid food, has been directed to bolt quickly an unbeaten raw egg, or a raw oyster, or some such semi-liquid, and yet coherent bolus as should contain the greatest amount of nutriment in the least possible compass, and in this manner reduce the number of acts of deglutition to a minimum. Meanwhile, in spite of local anodynes and healing applications, pain and injury have been steadily augmented, and, in the unequal struggle for life, the patient never taking at any one time food enough to supply the demands of nature, has surely lost ground. Again, in severe acute affections of the throat, the patient will often decline to take any nourishment whatever, until the severity of the attack shall have subsided, thus adding to the enfeeblement caused by the disease itself, and protracting the period of convalescence.

In the neurotic and surgical affections before referred to, the difficulties and objections to swallowing are evident.

Since the act of deglutition is the immediate cause of dysphagia, the most rational means for relieving the dysphagia would be, obviously, to remove the cause; in other words, to abolish the act of deglutition. This, in fact, is what it is proposed to do, and by the following methods:

I. When there exist both dysphagia and inability on the part of the stomach to retain food, a most invaluable resource lies in rectal alimentation, the utility of which has been so well established that it is only necessary, in the present connection, to call attention to the importance of its adoption early in the history of the case, and before the strength of the patient has been reduced by want of food.

II. When, on the other hand, the condition of the stomach is good, then, granting the desirability of alimentation by the natural passages, the indication is clearly either to remove the obstacle to deglutition or to avoid it. The former is impossible: the latter may, in most instances, be easily accomplished by means of the method which I am about to describe. You will recognize it at once as founded upon old and well-known ideas, and as embracing but few principles with which you are not already familiar; even though you may not have put them into actual practice. The basis of the method is

¹ Read before the New York Academy of Medicine, May 15, 1884.

founded upon the stomach-tube; which, discovered by Renault, in 1802; applied twenty-five years later by Physick, of Philadelphia, as an essential part of the stomach-pump; advocated by Küssmaul, in 1867, as a means for washing the stomach in certain forms of dyspepsia; and, finally, utilized by Débove and Dujardin-Beaumetz in their process of forced alimentation in phthisical and badly nourished patients, has not even yet received the wide application of which it is capable.

Unlike the old practice, however, namely, that of inserting a tube of large diameter through the œsophagus and actually into the stomach, the method herein advocated has as its basis the two following principles:

1st. *The employment of a tube of the smallest possible calibre, and*

2d. *The introduction of this tube, not into the stomach, but merely into the œsophagus and past the point of obstruction, or else past the pharyngeal constrictors.*

Through the tube the stomach may be made to receive food in almost any amount and variety, and that without any attempt at deglutition, and with perfect protection to the parts. Hence, it is evident that by that simple device all of the indications mentioned above will be completely met.

1. Pain is at once done away with and a maximum of rest to the pharynx is secured.

2. Injury is avoided, and

3. Nutrition is maintained.

The apparatus needed for this purpose is exceedingly simple. The one which in my hands has been the most convenient, consists of a receiver in the form of an ordinary conical-bottomed soda-water



bottle, into the mouth of which is fixed a tight-fitting India-rubber stopper. In this stopper are two perforations, through each of which passes a glass tube, one short, the other reaching to the bottom of the bottle, so that all of its contents may be exhausted without including any air. To the short tube is attached a Davidson's air-compressor, while the long one is connected with an English flexible woven catheter, of any size from 8 to 18, by means of about a yard of rubber tubing, the continuity of which is interrupted by an inch of glass tube, after the manner of the tube of the ordinary aspirator. A simpler contrivance even than this is the device of

Faucher, who, instead of using an air-tight receiver, merely attaches to the end of the tube a glass funnel. An ordinary Davidson's syringe has sometimes been used.

The size of the catheter should be regulated by the age of the patient and the nature of the liquid to be introduced. It is better not to rely upon the lateral opening in the catheter, but to perforate it at its tip, so that the fluid may pass immediately and unobstructedly downward.

As to the liquids which it may be possible thus to employ, their variety is unlimited, while their consistency may be of considerable thickness and body, so that food of almost any desired class, and in any quantity, may be administered. For a full description of the preparations recommended by Débove and Dujardin-Beaumetz, I must refer you to the article upon "Lavage et Gavage," by the latter, or, better still, to the excellent paper upon the subject lately published in the *New York Medical Journal*, by Dr. Henry B. Millard, of this city. In injecting the fluid into the œsophagus it is generally necessary to proceed slowly, allowing, in an adult, not more than half an ounce to pass at once, and stopping for a few seconds before repeating the injection, so that, as far as possible, the natural physiological action may be imitated.

To the great advantage of the catheter over the large and clumsy stomach-tube, it is scarcely necessary to refer, as its introduction is much less startling and uncomfortable to the patient, and if the preparations referred to above be used, the large tube will be unnecessary. As a general rule, the irritation caused by the passage of the tube increases with its size. The tube should be introduced in the usual manner, namely, the patient's mouth being opened and his tongue protruded, the catheter should be carried to the base of the tongue, the patient told to swallow, and, as he does so, the catheter pushed into the œsophagus, and thence downward as far as may be deemed necessary. The larynx may be avoided with certainty by using the finger as a guide. Before its introduction the tube should be carefully lubricated, for which purpose white of egg, mucilage, or even milk, are useful. An excellent plan is to allow the patient to swallow slowly, just before the introduction of the catheter, a drachm or two of pretty thick mucilage. Vaseline, glycerine, and oil are unpleasant to the patient, and should on no account be used. In passing the catheter gentleness should be used, and great care taken to avoid, as far as possible, all points of special tenderness. In many cases the patient may be taught to pass the tube himself much more successfully and comfortably than it can be done for him, since the manoeuvre is not a difficult one, and no one knows so well as he the exact situation of the painful spots. Sometimes, especially with children, the point of greatest irritability is in the palatine arches, and any attempt at passing a tube across them will be followed by violent gagging. In such cases a soft rubber tube may be passed through the nostril and pharynx, and thence into the œsophagus, and thus contact with the fauces be wholly avoided. Should the introduction of the tube cause dyspnoea, direct the patient to take full

breaths. It may also cause nausea when it passes the pharynx, for which Dujardin-Beaumetz advises the administration of bromide of potassium; and, also, when it reaches the stomach, in case it be inserted so far, for which the introduction of food will quickly bring relief.

Of course, the passage of the tube will not always prove an easy or a painless operation. A little practice, however, will render it possible in nearly every instance, while the advantages to be gained far outweigh any ordinary objection to the method. No one who recalls to his memory the delicious sensation of repose and satisfaction which has, to him hungry, followed the ingestion of a hearty meal, will fail to appreciate the comfort and relief which the tortured and starving unfortunate will derive from the use of this simple means.

Turning now from the general consideration of the subject, it will be well to study more particularly the special application of the methods just described.

Organic Derangements.—*a. Tuberculosis.* In no disease does dysphagia play a more important part than in this. Although the resources of modern therapeutics have rendered it possible to control, to some extent, the tuberculous ulcerative processes commonly found in the larynx and pharynx, still no amount of medication can counterbalance the evil effects of the local disturbance caused by deglutition; and, even in cases in which the ulcerations are confined to the interior of the larynx, beyond the reach of matters swallowed, deglutition is apt to provoke attacks of coughing which not only cause the food already taken to be vomited, but inflict additional injury upon the parts. When the ulcerations are external to the larynx, for example, upon the epiglottis, or in the region of the tonsils, the pain is more intense than in any other lesion of the throat. Thus nutrition is almost totally arrested at a time when life is most dependent upon it. In cases in which extensive degeneration has taken place in the lungs, and this condition must soon of itself prove fatal, dysphagia stands in the same relation that it does in cancer: the symptoms can only be palliated, and with little hope of prolonging life. In many instances, however, extensive ulceration of the larynx occurs long before the pulmonary lesion has progressed beyond control. By proper conditions of climate and *nutrition*, life may be prolonged indefinitely, so far as the lungs are concerned. But the dysphagia interferes with nutrition; strength to cope with the disease is not forthcoming; and so, through a cycle of unfavorable influences, the progress of the patient is from bad to worse, until, finally, he succumbs from inanition. It is in such cases that the results of treatment by the tube are most brilliant, for it will readily appear that, with a full and well-assimilated diet, the conditions under which the patient labors are materially altered, and the possibilities of recovery or of improvement infinitely increased.

b. Cancer. The most unpromising circumstances under which dysphagia is likely to occur will be found in some one of the various forms of cancerous disease which may attack the throat. The extreme liability to destructive ulceration in cancer of the mucous membrane renders dysphagia an early and

prominent symptom. The pain in such cases increases with great rapidity, until a time comes when the dysphagia surpasses the limit of human endurance, and when the pangs of hunger are less intolerable than is the agony caused by each attempt to satisfy it. The condition of the patient is such that the history of suffering cannot furnish a parallel. No creature can be more miserable, none more hopeless. While it may not be desirable to prolong life under such circumstances, still the performance of tracheotomy when indicated is always regarded as a duty, and with equal justice the patient should be fed, and his pain relieved, even when there is no doubt as to what will be the final result. Here, again, the tube will prove a source of greatest comfort.

c. Syphilis. As in phthisis, so in syphilis nutrition plays an all-important part in the successful treatment of the case. Although the danger to life may not be so great as in phthisis, still in extensive secondary or tertiary disease of the throat it is by no means inconsiderable, while dysphagia is often very severe. The earlier the patient can be placed upon a full supporting diet the more quickly will he be likely to respond to constitutional treatment. The importance, therefore, of overcoming dysphagia and its effects is clear.

d. Diphtheria. In many cases of diphtheria, dysphagia is not a marked symptom. When, however, it exists, the tube should be immediately resorted to, in order that the heart's action may not be influenced by the depressing effects of pain; and, more particularly, because in this disease the question of nutrition is of such vital importance.

e. Tonsillitis. In all acute inflammatory affections of the tonsils, dysphagia is frequently so distressing that the patient will for several days refuse all food whatever. This, of course, adds to the duration and severity of the attack, and, therefore, protracts the period of convalescence. No one familiar with such cases can have failed to observe the beneficial effects of the first hearty meal which the patient is able to swallow. The inference naturally follows that nutrition should be maintained from the outset.

f. In Parotitis and (g) Retro-pharyngeal abscess, as in tonsillitis, dysphagia is frequently so distressing that the tube will be of great service.

Functional Derangements.—*a. Spasm of the pharyngeal constrictors.* Although this condition is rare, cases now and then occur in which the hyperæsthesia is so great that the power of swallowing is, for the time being, lost, so that, when it continues for any considerable length of time, the patient may suffer severely for want of food. A few well-assimilated meals would, from their tonic effect, probably contribute more than any other one thing toward the breaking up of the attack, as well as satisfying the immediate demands of hunger.

b. Faucial paralysis from any cause—from cerebral hemorrhage or embolism, or from diphtheria—is always a most important and annoying symptom from the well-known tendency of the food to get into the larynx. In his excellent work upon diphtheria, Prof. Jacobi suggests the value of the stomach-tube in diphtheritic paralysis.

Surgical Conditions.—As to the surgical conditions in which the tube will be of service, it is only necessary to mention them in order to suggest the great utility of the method. In all such cases it will be well to accustom the patient to the use of the tube *before* the operation, so that he will not be obliged to learn it under adverse circumstances.

I have dwelt thus particularly upon the details of the subject in hand, even at the risk of being prolix and elementary, because I believe that by a proper use of the methods described much distress may be done away with, and great good accomplished.

Some, doubtless, will object that the passage of the tube is likely to be disgusting, painful, or unnecessary, and that no sensitive or refined patient would submit to such a proceeding. My own experience, however, covering a period of nearly four years, and embracing a wide variety of subjects, together with the large and rapidly increasing mass of testimony both from home and from abroad, has satisfied me that the passage of the small tube is a comparatively easy matter, and that I am amply warranted in advocating the views herein advanced.

I would urge for the special method described a fair, patient, and intelligent trial in cases suitable for its employment, and am confident that, once having gained the limited amount of manipulative skill necessary for its use, it will be found, in a large proportion of cases at least, an indispensable resource, and an instrument most useful in the relief of suffering and in the prolongation of human life.

NO. 1 EAST 33D ST., NEW YORK.

OSTEOTOMY FOR ANKYLOSIS AT THE HIP-JOINT.¹

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DEFORMITIES at the hip-joint, which may be relieved by an osteotomy, may be considered under four heads:

1. After hip-joint disease.
2. After rheumatism.
3. After unreduced dislocation.
4. After fracture united at an angle.

The great majority of deformities of this joint follow coxalgia. There are but few persons who have had suppurative disease of this articulation who recover with motion, and many, in whom there have been no signs of abscess, yet the joint remains stiff with an amount of flexion and adduction which interferes much with locomotion; or there may be some movement at the hip-joint; yet, on account of the contraction of the psoas and iliacus, and the adductors, the limb is flexed and adducted on the pelvis at an angle too great for easy locomotion; the foot cannot be planted firmly on the ground even with the greatest latitude of motion in the lumbar vertebrae, the gait being awkward and labored.

An ankylosed hip-joint in which the limb is held in a straight line with the bony axis of the body is a useful one for walking or standing, but it is more of a deformity in any other position of the body than

one fixed at a right angle to the pelvis. In the former case the person cannot sit down with any degree of comfort or put on his shoes, whereas in the latter not only is the sitting posture comfortable, but, by the aid of proper orthopaedic apparatus, locomotion can be performed with considerable facility. It therefore becomes an important question to solve at what angle an ankylosed hip should be placed so as to be a compromise, as it were, between these two positions, and give the patient the greatest amount of use—that is, easy walking and comfort in the sitting posture. I think that an angle of 125° with the long axis of the body gives this. This, then, taken as a standard, we are in a position to discuss the question of correcting any marked deviation on either side of this line.

The deformity after hip-joint disease is due, 1st, to contraction of the psoas and iliacus, causing flexion and rotation of the limb; 2d, to the action of the adductors drawing the limb toward the median line. This adduction is accompanied by tilting of the pelvis upwards upon the diseased side in walking in order to bring the limb in a line with the long axis of the body and prevent it crossing the sound one. It is a compensatory, not a pathological, position. In the early stage of the disease the apparent shortening is due to this tilting of the pelvis; later, in those cases in which changes take place in the head and acetabulum, there is actual shortening of the limb.

The difficulty in walking is not due so much to the shortening and flexion of the limb as to the adduction, whether the limb be ankylosed or not. The characteristic awkward gait of a patient who has recovered from coxalgia with ankylosis or limited motion is due to the hitching up of the pelvis on the diseased side at every step in order to get the limb out of the way of the sound one; in order to accomplish this the pelvis has to be raised so much in many cases that only the toes are able to touch the ground—even when the real shortening is slight.

As mentioned before, the muscles at fault are the psoas and iliacus, and the adductors, and even when it is attempted to correct the deformity by any operation above the insertion of the former, they will still prove an obstacle, and in many cases prevent the limb from being brought into a desirable position.

In those cases in which ankylosis does not take place, there may be motion in the direction of further flexion, but extension beyond a certain point is impossible, and although the thigh can be brought down so that the foot can be planted flat on the ground, it is not from any further extension, but is accomplished by bending forwards the lumbar portion of the spine and tilting downwards of the pelvis, due to shortening of the muscles inserted in the trochanter minor. In this class of cases walking is almost as difficult as when the joint is fixed in the same position when there is much adduction.

Absorption, more or less, of the head and neck of the femur and the higher plane occupied by the trochanter, due partly to the above-mentioned changes and partly to elongation of the acetabulum in its upper and posterior portion, increase in no small degree the deformity and the actual shortening of the limb.

¹ Read before the New York Surgical Society, May 27, 1884.

In ankylosis following rheumatic inflammation, the condition of the parts is entirely different. The bone is not infiltrated with inflammatory products of low vitality; it may be increased in hardness, but the parts retain their normal relation. The neck is not shortened, the ankylosis is usually bony, and the psoas and iliacus are not as much of an element in causing the deformity; it is due more to position, while in hip-joint disease it is the active contraction of these muscles that causes the flexion, etc. In this disease the limb may be fixed in a straight line with the long axis of the body, a condition seldom, if ever, met with after coxalgia.

In rheumatoid arthritis the joint may be surrounded by irregular bony growths, and the head and neck be very hard.

Deformities may occur after unreduced dislocation, the dislocation may be traumatic or pathological. The latter may occur during the course of hip disease, but I do not think it is as common as some writers would lead us to suppose. It may occur during the course of some debilitating disease as typhoid fever, scarlet fever, or acute rheumatism.

Malposition of the femur after fracture, high up, has been reported.

In forming an opinion in regard to the advisability in a case of performing an osteotomy for the relief of any deformity at the hip-joint, the amount of adduction should be considered more than the flexion. I think that we are apt to look more at the latter, while the former is the main hinderance to easy locomotion. I think that a moderately flexed limb, with much adduction, is more of a real deformity than one flexed at a much greater degree without adduction. In the former case the real shortening (I mean by that, the distance that the tilting upwards of the pelvis raises the foot from the ground in walking) is often more than double the real difference in length of the two limbs measured from the anterior superior spine. The object of performing an osteotomy here is, first, to correct any adduction of the limb that may exist; and, secondly, to reduce the amount of flexion to an angle of about 125° .

There are three points at which section has been made for the correction of deformities at the hip-joint, namely, through the neck, between the trochanters, and below the trochanter minor. The section through the neck, known as Adams's operation, can only be performed when the neck is present. It is, therefore, only applicable in cases of bony ankylosis following rheumatism; and it has been advocated in those cases of recovery from hip-joint disease, with bony ankylosis, in which there has been but slight destruction of the head. But it is a serious question whether cases of deformity after suppurative coxalgia should ever be submitted to this operation. In the vast majority of cases, the section would be made through bone infiltrated with inflammatory products of low vitality. The incision to gain access to the neck would frequently have to be made through tissues that had been the seat of abscess, and, even if this succeeded, after section it would be difficult to bring the limb down into a desirable position. It is not applicable to cases in which the psoas and iliacus are much shortened, and

this condition is found after coxalgia more frequently than after any other disease. Again, the muscles inserted into the trochanter minor being still attached to the lower fragment, must tend to draw the limb inwards.

In regard to operations between the trochanters, the section is made further from the seat of disease in cases of deformity following suppurative coxalgia. It also permits of the removal of a wedge-shaped piece of bone, which is so desirable in cases of marked adduction; yet the point of division is above the insertion of the psoas and iliacus, and the same objections hold good as to Adams's operation. If the object is to obtain motion in addition to the correction of the deformity, there is no question that the nearer the division is made to the true axis of motion the better; but useful motion is seldom attained, no matter where the section is made, nor the method of making it.

Section below the trochanter, I think, will prove the best operation in the vast majority of cases in that it is below the insertion of the muscles attached to the trochanter minor; it is further away from the seat of disease in deformities following coxalgia; there is less danger of displacement inwards of the lower fragment. I think that the advantage of making the section below the smaller trochanter is not clearly understood. I have lately had the opportunity to examine the parts removed from two cases following an osteotomy for deformity at the hip-joint. In one case, the femur was divided between the trochanters; in the other, the line of section was oblique, from without inwards and downwards, so as to pass through the middle of the trochanter minor. In the first case, recovery had taken place with marked adduction; in the second there is a displacement inwards of the lower fragment that may be attributed, in part, I think, to the action of the psoas and iliacus, whose attachment had not been entirely freed. After section, extension was applied to the limb, by which the lower portion was brought down. The muscles inserted into the trochanter minor draw the upper portion of the lower fragment inwards, and cause a projection in this location.

In the first case the adduction may have been due to the same cause, although the adductors must have had considerable influence in drawing the limb towards the median line. In regard to the removal of a V-shaped piece of bone, as advocated by Volkmann, from between the trochanters when there is marked adduction, I do not think that it has any advantage over a simple linear osteotomy. It is true that if the size of the wedge has been accurately calculated, in connecting, the two sides of this V-shaped gap will come into apposition, while after a linear section there will be a gap left on the inner aspect of the bone, which will have to be filled up with new bone. Theoretically a cuneiform osteotomy is more liable to be followed by supuration, but practically, if the wound is properly cared for, this accident should not happen. There is, however, greater danger of a piece of cellular or other tissue being caught between the fragments, after a cuneiform than after a linear section, and causing supuration; and the former takes more time to perform. I am, therefore,

of the opinion that a linear section is much the better. The more simple an operation is, the better will be its results.

All efforts to obtain useful motion at the point of section have ultimately failed. In a few cases a movable articulation has been obtained, but in time all motion has been lost. In one case (Burton's), it lasted six years; and in another (Sands's), there was limited motion for two years. In other cases it has only lasted for a few months, notwithstanding persistent efforts to prevent consolidation. It would seem that the difficulties attending the formation of a false joint are great, and even if one is obtained, it is a question whether it is of any real advantage to the patient. I think that a stiff limb in a good position will afford the patient more security and easier locomotion than the best false joint in this situation, and that a false point of motion is more of a hinderance than an aid to walking.

The method of performing an osteotomy at the upper end of the femur does not differ from sections of bone in other localities. I see no advantage in a cuneiform section over a linear osteotomy, and I think that a division of the femur below the trochanter minor is a better operation, and will yield better results in the vast majority of cases than one above this point. The method I have adopted is to make an incision about one inch long down upon the outer aspect of the shaft of the femur, at a point just below the trochanter minor; then, upon the knife as a guide, pass an osteotome down, and divide the bone at right angles to its long axis. After the bone has been nearly divided, the osteotome is withdrawn, and the section completed by fracturing the remaining portion. Some surgeons divide the tendons of the adductors and long head of the biceps and a portion of the tensor vaginae femoris, and twist the bone in various directions, in order to break down any adhesions that may exist and stretch the muscles holding the femur in its abnormal position. Unless the deformity is very marked, I do not think a tenotomy is called for, and I have abandoned all twisting and manipulation of the shaft. After placing a narrow strip of adhesive plaster over the wound, so as to bring its lips into close apposition, but leaving a space on either side of the plaster uncovered, so that any undue accumulation of blood can escape, the parts are dusted over with iodoform, and a small compress placed over the wound and held in position by another piece of adhesive plaster. A bandage is then lightly applied, and a long splint, extending from the axilla to just above the external malleolus, no attempt being made to correct the abduction or flexion. An extension, with six or eight pounds weight, is applied after the patient has been put into bed. It will generally be found that upon the third day the wound has closed, when the extension is run up to ten or fifteen pounds, according to the age of the patient. This amount of extension will bring the limb down; and in all the cases that I have tried, it lowered the pelvis of that side, so that the limb is slightly abducted.

After an osteotomy in this locality, the patient should not be allowed to sit up in bed, but should be kept as flat as possible on his back, until firm

union between the fragments has been established. A plaster-of-Paris splint is not a good dressing after this operation; it does not fix the pelvis well, it soon becomes loose and admits of motion; it does not permit of the use of an extending apparatus, and there is no opportunity to correct any malposition.

The great leverage exerted by the limb below the point of division, and the narrow space above this point over which the bandage can be applied, make it impossible to obtain fixation and control over the lower fragment, so that much of the good position gained in the operating-room is lost from the ability of the patient to flex and adduct the limb to a certain extent. A plaster-of-Paris splint is a good dressing when the limb can be encased some distance above and below the point of fracture; but when the splint only passes a short distance above this point, deformity will occur. The same holds true, but with much greater force, after an osteotomy in the upper part of the femur to correct a deformity in which there is muscular resistance continually to be overcome.

From a careful examination of the two specimens (Drs. Wharton's and Moore's), it is evident that the section has not been made at right angles to the long axis of the limb, although both operators supposed that the section was made transverse. This was due, I think, to the fact that the limbs were adducted, and the bone was divided at right angles to the body rather than at right angles to the femur. I am satisfied that I have made this mistake, and I think it a point one is apt to overlook, not taking sufficient account of the amount of adduction.

From the form of the femur at its upper portion, where osteotomies are usually performed, its lateral diameter being greater than its antero-posterior, there must, in all cases in which there is any rotation inwards of the limb, after correction, be a projection outwards of the inner portion of the lower fragment, because a wider portion of the femur is brought into apposition with a narrower.

The accidents following an osteotomy at the upper end of the femur are few—out of 148 cases, 119 were cured with the limb in a good position, 17 died, and there were 12 failures, making a mortality of 11.48 per cent. In thirty-three cases suppuration is reported, and in only three is any necrosis mentioned. In three patients an Adams's operation did not correct, or the deformity returned, and a section below the trochanter minor was performed with success.

In one case (Post), compression of the femoral vessels, from tilting upwards of the upper fragment, after a section below the trochanter, occurred, and in one severe hemorrhage came on on the twentieth day after a section through the neck (Servias), from either the femoral or one of its large branches, necessitating a ligation of the femoral. The patient recovered.

Maisonneuve is reported to have divided the sciatic nerve during an operation of section between the trochanters through a large wound.

The percentage of fatal cases mentioned above gives a higher rate of mortality than belongs to the

operation as now performed. Many of the operations were performed before experience had demonstrated what class of cases were proper ones for section. In some cases the section was made too high, or the patients were subjected to an operation at too early a date after the disease causing the deformity had subsided. Many of the operations were performed through large wounds, and extensive dissections were made to reach the bone. It is also found that twelve of the fatal cases occurred prior to 1877, and only five after that date, the number of cases being nearly the same in the two periods. Lately, Dr. E. M. Moore, of Rochester, has published a case in which he had performed an osteotomy between the trochanter for dislocation of the head of the bone. It was at first displaced on to the dorsum of the ilium, but by manipulation had been thrown above the superior lip of the acetabulum, the trochanter being turned backward. Section was made between the trochanters, and, after bringing the foot into its normal position, an extending weight of fifteen pounds was applied. The result was that the shortening, which before the operation had been two and a half inches, was reduced to one, new bone being deposited between the fragments one and a half inch in length. In one case I have tried to obtain a lengthening, and have succeeded.

MEDICAL PROGRESS.

SIR HENRY THOMPSON'S RECENT IMPROVEMENT IN THE ASPIRATOR FOR LITHOTRITY.—Last autumn SIR HENRY THOMPSON made an addition to his aspirator, which appears to be useful. It consist in a light, loosely hanging valve of fine wire, attached by a simple hinge to the end of the evacuating-tube, which terminates within the glass trap of the instrument. When pressure is made on the India-rubber globe, and the current flows by the evacuating-catheter into the bladder, this light valve is driven close to the aperture, and no débris can leave the glass trap. When the pressure is removed, and the current returns from the bladder, the valve floats widely open, and permits the débris to enter unchecked. The wire-valve is circular in form, and its border being flat and thin, and about the tenth of an inch wide, is delicately sensitive to the movements of the current, and responds to the slightest impulse of the hand on the India-rubber globe. But he is quite satisfied that with his last published aspirator, as well as with the form now described, no débris returns to the bladder if the instrument is properly used, when, of course, the valve is unnecessary. Few persons are aware that very slight but quickly made pressure on the globe, sufficing to transmit only six or eight drachms of fluid into the bladder, generally removes more débris than a powerful impulse which transmits at one act all the fluid contents of the globe, or nearly so. When employed in the manner last-named, the valve becomes useful, and only then is it required.

As to the present instrument itself, the form is simple; not far removed from the original pattern of Clover, but with the useful addition of a funnel and stopcock at the upper part of the globe, to facilitate the act of

filling with water, as well as the escape of air. Moreover, the glass trap is easily disengaged from the globe, by which means the valve, which is sometimes liable to be partially blocked, as when much mucus and fine débris are present, can be easily cleaned. At the same time, this blocking of the wire grating of the valve in no way interferes with its competency in action. It is necessary that the end of the evacuating-tube within the glass trap should have the angular form represented, so that the lower end of the valve, when undisturbed by the current, should not close the orifice, but hang at a considerable distance therefrom.—*Lancet*, April 12, 1884.

LAPAROTOMY FOR INTERNAL STRANGULATION; RESECTION OF THE INTESTINE.—DR. D. MORISANI reports two cases of laparotomy for internal strangulation. One presented no particularly interesting features, but in the second case such extensive inflammation and adhesions were found that it was absolutely necessary to resect about three inches of intestine. The operation was performed by Gussenbauer's method, with the double Lembert suture. The patient died of shock.—*Rivista Internaz. di med. e Chir.*, March, 1884.

SYSTOLIC MURMUR AT THE APEX IN A CASE OF AORTIC LESION.—One of the elements of a cardiac murmur to which great importance is given is its seat of maximum intensity. When this is at the base of the heart, an aortic or a pulmonary lesion is diagnosticated; when at the apex, a mitral lesion; and between the apex and the epigastrium, a tricuspid lesion. All clinicians know that the seat of maximum intensity of the diastolic murmur of aortic insufficiency is sometimes heard below, along the left border of the sternum, and toward the xiphoid cartilage; but, so far, a systolic murmur heard only at the apex, and due to an aortic lesion, has never been reported.

The following case, reported by DR. WEILL, of Lyons, also seen by Prof. Lepine and several of the hospital physicians, is very interesting. P. P., æt. 47, entered the hospital on December 2, 1883, and died on the 27th. His health had been excellent until four years ago, when he had acute articular rheumatism. The trouble of which he died began five months before his entrance, with insomnia, oppression and palpitation, and oedema of the lower limbs. The apex beat was in the sixth interspace, outside of the nipple. The shock was perceived with difficulty. The beats were regular, and there was no fremitus. Auscultation showed a rude systolic murmur at the apex, short and blowing. It was audible over the sternum and base, and was propagated toward the axilla. It did not encroach upon the diastole or the presystole. There was no carotid murmur; the radial pulse was regular and sufficiently strong. The patient did not complain of precordial pain, and no sensitive spot could be found in the intercostal spaces. The area of cardiac dullness was not increased. There were a few pulmonary râles; the liver was enlarged; the urine albuminous; and the limbs showed a few purpuric spots.

At the autopsy, the examination of the mitral orifice and valves showed that they were absolutely sound. The left auriculo-ventricular orifice was not dilated, and the ventricular cavities, although enlarged, did not have a greater mean diameter than two inches. The aortic

orifice was sound, and about two and a half inches in circumference. The sigmoid valves presented, on their internal surface, near their free border, small fibrous nodules, arranged perpendicular to the axis of the vessels, having a length of from four-tenths to six-tenths of an inch, and a projection of from one-eighth to one-sixth of an inch.—*Revue de Médecine*, March, 1884.

PEPSIN AND THE PEPTONES IN THE TREATMENT OF DIABETES.—PROF. D. GIOVANNI (*Gazz. Med. Ital. Prov. Venete*, January 12, 1884) draws attention to the frequent utility of pepsin and peptones in the treatment of diabetes. He cites the following case. A young man, aged twenty, was admitted, and gradually submitted to an exclusively meat diet and lactic acid. Even when all milk, starchy, and saccharine matter were entirely omitted, the urine was as abundant as before, and the quantity of sugar the same, and the patient did not become stronger. The thought occurred to Dr. Giovanni that all the meat and eggs taken were not utilized in the organism. The bodily strength was not in proportion to the force of the foods, neither was the quantity of urea in the urine. The examination of the feces showed a large quantity of meat, unaltered and scarcely masticated. The patient was then placed on ordinary diet, but with a certain quantity of pepsin and peptones, prepared according to the method of Prof. Lussana. (The stomach of a calf is cut in pieces, and placed in a quart of dry white wine; after eight days filtered; the filtrate contains pepsin and peptones.) The patient quickly began to improve in general nutrition, and was able to get up; the quantity of sugar and of urine was lessened. On returning to the meat-diet the patient again became worse, and was again better on the substitution of the mixed diet, with pepsin and peptones. Continuing this diet, he so far recovered as to be able to leave the hospital, and a year afterwards, though diabetic still, was in fair health. Professor Giovanni has found equal benefit in other cases from the same treatment, but not in all. He concludes that pepsin and the peptones (Lussana) constitute an element useful in completing the diet of the diabetic, when defective gastric function helps to exaggerate the effects of the disease on the general health.—*London Medical Record*, March, 1884.

WASHING OUT THE STOMACH.—DR. A. BIANCHI, in a paper read before the *Accademia Medico-Fisica* of Florence, reports that he has had excellent results, both palliative and curative, in the treatment of cases of cancer of the stomach, chronic gastric catarrh, chronic gastritis, gastric ulcer, gastric catarrh with chronic hepatitis, digestive disturbances from slight gastritis, and dilatation of the stomach, with slight catarrh and insomnia, by means of the Débove method.—*Gazz. degli Ospitali*, March 26, 1884.

THE TREATMENT OF PERINEAL INJURIES OF THE URETHRA.—DR. C. KAUFMAN, after a general consideration of this subject, draws the following conclusions:

1. In all cases in which catheterization is difficult, or not very practicable, the perineum should be incised, cleaned out, and disinfected. In small, transverse wounds, spontaneous union should be attempted; in

complete rupture of the urethra, sutures should be employed, so as exactly to approximate the edges. The catheter should only be used during the first few days, and should never be left in the urethra.

2. Treatment with the permanent catheter should be entirely abandoned. Whenever a sign of inflammation appears, the perineum should be incised.

3. Cystotomy, as a method of treatment, should be given up, and only be used in cases of retention.—*Centralbl. gesamt. Therap.*, March, 1884.

A NEW SPONGE.—MR. SAMPSON GAMGEE, after a number of experiments with a variety of materials, with a view to preparing a sponge combining absorbing power and elasticity, and cheap enough to be burned after use, has found that a ball of curled cocoanut fibres, enclosed in absorbent gauze, sinks in water. That established, he made other balls with absorbent cotton in the centre of the cocoanut, absorbent cotton round it, and then the gauze envelope, the idea being to take up the fluid rapidly, and transmit it, through the springy cocoanut fibre, to the absorbent-cotton centre. He found that a ball so made takes up most readily from sixteen to eighteen times its own weight of blood or water, which, when squeezed out, still leaves the ball elastic and absorbent, readily filling and swelling out again, when dipped in liquid and squeezed, a number of times in succession. Having secured a good combination of fibres, it became a question how to render them perfectly and permanently antiseptic. Mr. Gamgee thought that within the absorbent-cotton nucleus of the sponge might be enclosed a very thin ball or capsule, containing the antiseptic, of any kind, and, within certain limits, in any quantity desired; the antiseptic to be set free by cracking the capsule with a squeeze, just before using the sponge. The idea proves perfectly practicable, and Messrs. Burroughs, Wellcome & Co., the manufacturing chemists, have undertaken to carry it out. A small capsule, containing eucalyptus, or other antiseptic, is inclosed in absorbent cotton, outside this is a layer of cocoanut fibre, and outside this more absorbent cotton-wool, the whole being inclosed in gauze. When about to be used, the capsule can be broken by a blow of the fist, and the absorbent cotton then becomes permeated with the antiseptic. The sponges can be manufactured at a very trifling cost—about a shilling a dozen—and being so cheap they can be destroyed after being used. Some little time must elapse before all the details can be perfected, but sufficient evidence has so far been obtained to warrant the belief that the principle of this sponge may be adapted to the fulfilment of many requirements, as an absorbent and antiseptic sponge, pad, or dressing, in civil or military surgery, in medical and in obstetric practice.—*Brit. Med. Journ.*, April 26, and *Lancet*, May 3, 1884.

RUPTURE OF THE RIGHT COMMON ILIAC AND OF THE INFERIOR VENA CAVA.—M. CERNÉ reports the case of a woman who was run over by a vehicle. One of the wheels passed over the abdomen, and she expired in a few minutes. Post-mortem examination showed a rupture of the right common iliac artery at its origin, and of the inferior vena cava. The artery was very atheromatous.—*Journ. de Méd. de Paris*, March 29, 1884.

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SATURDAY, JUNE 7, 1884.

IDIOPATHIC PERITONITIS.

THE latest candidate for a place among the infectious diseases, with a microparasite for its cause, is idiopathic suppurative peritonitis. In a recent paper in the *Deutsche med. Wochenschrift*, for April 24, E. LEYDEN, after collating a large number of facts from German, French, English, and American literature to prove the existence of idiopathic peritonitis, which has sometimes been questioned—asserts also its parasitic origin. He also reports three cases from his own experience, of which two died and one recovered; but he does not claim to have discovered a distinct parasite, with definite anatomical characters, as he has noted several apparently distinct forms. Idiopathic suppurative pleurisy, he believes, has a similar origin.

In the freshly removed purulent exudate of malignant puerperal peritonitis he also found numerous cocci of invariably the same shape and color; and as the puerperal cases were throughout their entire course more malignant and accompanied by more profound general symptoms, so the micrococci were found to be much more intensely active, infiltrating the muscular substance of the diaphragm, and extending even to its pleural surface, where, too, they had excited inflammation. All of these purulent peritoneal exudates were odorless, and could not be regarded as septic, while the general symptoms to which they gave rise could not be regarded as those of septicæmia. The putrid exudates, of which Leyden also investigated several, distinguished themselves essentially from the simple in that no pure cultures of the microparasite could be obtained from them, but

mixed forms, in which especially occurred, along with diplococci bacilli, which partly arranged themselves in long threads and chains. The same was true of putrid pleural exudates.

From such cases, Leyden also eliminates rheumatic peritonitis, including certain instances of acute peritonitis accompanying acute articular rheumatism, in which the exudate is not purulent, but serous.

These causative agents of idiopathic peritonitis enter the system as in other infectious diseases. Such causes as indigestion, constipation, and injury may furnish the conditions favorable to the germs of the disease establishing themselves in the peritoneum. In the female, menstruation especially may coöperate with such causes. During this condition there is a breach of continuity in the uterine mucous membrane attended with a prolonged hemorrhage, so that circumstances favorable to the fixation of the parasite are presented. A further favorable condition is the communication between the uterus, through the Fallopian tube, and the abdominal cavity.

In the matter of treatment of idiopathic peritonitis, Leyden suggests a measure which, although undoubtedly not novel, has nevertheless been so seldom practised, that notwithstanding its apparently unpromising character, it may reasonably claim further consideration from physicians and surgeons, especially in the light of the recent enlargement of the field of abdominal surgery. It is that of evacuation of the purulent contents of the abdomen by paracentesis. He supports this suggestion by his experience with a case in which a splenic abscess, bursting into the abdominal cavity, produced a fatal peritonitis, which, he thinks, might have been averted had the abscess been evacuated. This may be true, but we scarcely think a conclusion as to the treatment of idiopathic peritonitis dare be drawn from such a case any more than from the effects of rupture of an abscess of the liver. Neither case is one of idiopathic inflammation, and death probably resulted from collapse before any inflammatory action could be excited. Again, the accumulation of pus in peritonitis is never so large as in pleurisy, and the consequent difficulty in making an accurate diagnosis, as well as the danger of wounding the subjacent distended bowel, make it unlikely that the operation of tapping the abdomen can ever be rendered available in practice. A much better treatment would be laparotomy, irrigation with sublimate solutions, and drainage.

PULSATION OF THE LIVER AND TRICUSPID REGURGITATION.

THAT the true pulsating liver is the result of regurgitation of blood from the right ventricle into the corresponding auricle and thence into the descending cava, is as generally conceded as that pulsation of the jugulars is due to the same cause. But few

pause to consider the mechanism of this sign. That the blood thus regurgitated should produce a pulsation in the valveless jugulars, which come off close to the auricle, is not so remarkable, but that an organ so distant as the liver should receive an expansile impulse from the same cause is less plain. DR. WALTER SMITH discusses this subject in the report of a case in the *Dublin Journal* for January.

One other cause for the sign has been suggested, and that is a direct shock communicated from the heart coincidently with the impulse. But the liver pulsation continues after the ventricles have ceased to contract, while when the condition of the patient improves the pulsation becomes less; whereas if due to direct shock the contrary should be the case, because the steadier and more forcible action of the heart would increase the pulsation.

In a word, it may be said that the effect of the regurgitant wave, which, of course, exerts itself to a certain degree throughout the entire circulation, is more easily rendered appreciable in the liver on account of anatomical peculiarities rendered necessary in order to secure a proper movement of the blood through the portal vein. It is apparent that there is very little *vis a tergo* to this blood, which is largely collected from the gastric and intestinal capillaries. Hence there would be little or nothing gained by furnishing its trunk or its branches with the elastic coat which forms so important a part of the structure of the arteries; for the power of this depends upon a *vis a tergo*, which is necessary to secure the elastic recoil. At the same time, the vena portæ has to perform the duties of an artery, and some additional means of propelling the blood must be secured.

This is effected by favoring the operation of the force of respiration—a generally admitted, though feebly acting factor—upon the movement of the blood throughout the veins. In the act of inspiration the entire cubic capacity of the thorax is increased, and all the hollow organs contained in it, of which the heart is one, tend to fill up with the fluid accessible to them. Now, the operation of this agency upon the liver is favored by the fact that the trunks of the hepatic veins almost pierce the tendon of the diaphragm to join the inferior vena cava; these veins cannot collapse when subjected to atmospheric pressure, *i. e.*, to the aspiratory action of the mediastinum, or the suction power of the heart, because they are tunnelled out in the substance of the liver—are, in fact, comparatively rigid tubes, unsurrounded by loose connective tissue. In inspiration, by the contraction and descent of the diaphragm, the caval orifice of the hepatic vein is stretched, the vena cava itself straightened, and the course and openings of the hepatic veins made more direct. During the act of expiration, on the other hand, all these conditions are reversed, and at the very time the intra-

thoracic space is lessening and the blood has a tendency to regurgitate into the hepatic veins, this tendency is counteracted.

Now, if regurgitation of blood from the right heart takes place, this very condition of patulous sinuses, approximating rigid tubes, favors the communication to the liver of any pulsation caused by reflux into the inferior cava and larger hepatic veins. But before hepatic pulsation can occur, the impulse must be strong enough to overcome the suction power of the heart in inspiration, the resistance of the parenchyma of the liver, and the elasticity of the liver's capsule, as well as the conditions named as tending to prevent regurgitation during ordinary expiration. Hence, inflammatory thickening of the capsule, by which its elasticity is destroyed, tends to prevent hepatic pulsation. The elasticity of the capsule is a further conserving force in preventing undue compression of the substance of the liver between the blood in the over-distended hepatic vessels and the capsule itself.

ANTE-NATAL INFLUENCES.

THERE is hardly any subject of greater interest, and in regard to which so little is known, as that of ante-natal influence, whether at the time of conception, or in the subsequent development of the new being. Speculations are many; dreams and dreamers, fictions and fancies are numerous, but our real knowledge is very little more than that which was possessed many centuries ago. Diogenes said to the stupid youth: "Your father was very drunk when you were conceived." Vulcan's deformity was the proof of Jupiter's drunkenness when he was begotten. Modern science has shown that if a fruitful coition occurs when either of the parties is drunk, the child usually has some physical, intellectual, or moral defect—epileptics and imbeciles may thus be created. This is about the limit of our certain knowledge.

But with this fact proved, it is in the highest degree probable that less pronounced, less easily discovered and appreciable intellectual and physical conditions of the creators at the time of creation may, and do impress themselves upon the offspring. The swift and subtle power by which the sunlight clearly and indelibly reproduces on dead matter the exact image of form, features, and expression, may be but the type of the impressing the intellectual, moral, and physical character upon living matter at the time of the creation of a new being, and the qualities and characters that are shown in the months and years that follow are but the working out of those first forces in organization.

Considering the fact that most children are accidents, we have no reason for surprise at examples of physical deformity or imperfection, mental deficiencies, or moral obliquities, but rather that the average is so good. When human beings invest the possi-

bilities of reproduction with its true and vast responsibilities, with its far-reaching consequences, there will be a great improvement in offspring. Man or woman prepares for the photographer by a careful toilet, strives to go unfatigued, and with a face undarkened by sorrow or anxiety—in a word, is desirous, if not from personal vanity, at least with the wish to please others, of appearing at his or her best in the counterfeit presentment which is made. Ought not much more care to be exercised by parents in the possible reproduction of themselves, of themselves as they are at that special time? A child is the incarnation of the qualities, good or bad, of the parents, and possibly it may be the incarnation of transitory states, temporary impulses, feelings, or thoughts—noble or base, cheerful or sad, healthy or morbid—of those parents. A few minutes may determine whether these living images shall be happy, helpful, useful members of society, and a blessing to their homes, or born to a heritage of disordered, diseased nature, darkening their own lives and those of others, until death is a blessed relief.

As to subsequent influences exerted through the pregnant woman's mind upon her unborn child, we are in the region of fable and conjecture; most extraordinary stories have been told of the effects of some horrible sight which suddenly startles the mother, and, through her, affects the foetus. Van Swieten states that he saw a young lady who had upon her neck the exact representation of a caterpillar, as "closely resembling it as two eggs resemble," and the cause was that the mother when pregnant was frightened by finding a caterpillar upon her neck. Quite in contrast is the alleged influence of a continuous impression. Haller, a man not less remarkable for his learning than for his truthfulness—at least he never made a statement that he did not believe—assures us that an Ethiopian woman had several white children, and the explanation was that she had in her house a white marble statue. The physician to-day would give a more plausible cause of such color anomalies. A recent writer has attributed the kleptomania of a wealthy lady to the fact that when pregnant her mother was denied the "cravings for a variety of things" by the stinginess of her husband. Again, a child has been born with harelip whose mother attributes the deformity to her having seen when two or three months pregnant, or later, a child or adult with similar deformity; the physician knows that such arrest of development must have occurred before the earlier of those periods. It is, in part, because of such extravagant and unreasonable stories that the great mass of physicians reject the theory of mental impressions made upon the mother in pregnancy affecting the foetus. Another reason for this general rejection is our inability to explain how such impressions can

act upon the foetus. But it would be more scientific to find out whether they do, and afterward seek the mode; before deciding the impossibility of a fact occurring, let us first look for the facts, and then seek their explanation. Here is an important field for inquiry, for the collection of well-authenticated facts; after this collection we may determine their meaning, make their interpretation. That the foetus may be affected by impressions made upon the mother's mind, has long been and still is commonly believed. A popular belief so widespread and so long-lasting indicates in these very conditions the probability of its containing some element of truth.

We have been led to these reflections by reading the report of a lecture recently given by M. LEGRAND DU SAULLE, at Salpêtrière, in which he refers to the "infants of the Siege." He states that the numerous disorders of development and the exceptional mortality observed in children born in the latter months of 1871, caused them to be known among the laboring population as *enfants du Siège*. Inquiry proved that of 92 children conceived during the siege, 64 had physical, intellectual, or affective anomalies, and 28 others were small and sickly; 21 of the 64 suffered as to the intellect—dull, imbeciles, or idiots. M. Legrand du Saulle, regards "the pathogeny as complex, its chief elements being alcoholism, inanition, and the psychical state determined by the moral shock in circumstances especially dramatic."

IN another column we are told of the substantial recognition by Germany of the great service done to medicine and to humanity by the illustrious Koch in his recent discoveries, and by Frerichs in his contributions to the advancement of medical science. This week the Philadelphia profession has testified its grateful appreciation of the life and work of one of the noblest and most distinguished of American physicians, Dr. Alfred Stillé.

This spontaneous and hearty recognition of the great service Dr. Stillé has rendered to medicine in his many years of active labor is at once just to him and honorable to the profession. It does immediate good, enlarging the hearts of participants, and raising men into a purer atmosphere than that which is found in the strifes and struggles of daily life. It does remote good, for it invites young, ambitious men to walk in the footsteps of him thus honored, to live his pure, industrious, and useful life, and it assures them that they will find in such living its highest reward, and that professional recognition of the best will not fail.

It is given to but few men to be discoverers in any department of medicine; but industry, fidelity, high and noble purpose, and philanthropic work are in the power of many, and all who use their power wisely will surely find their reward.

SOCIETY PROCEEDINGS.

THE ILLINOIS STATE MEDICAL SOCIETY.

*Thirty-fourth Annual Meeting, held at Chicago,
May 20, 21, and 22, 1884.*

(Specially reported for THE MEDICAL NEWS.)

TUESDAY, MAY 20TH—FIRST DAY.

THE Society was called to order, at 10 o'clock, by THE PRESIDENT, EDMUND ANDREWS, M.D. He then introduced DR. EPHRAIM INGALLS, who, on behalf of the Committee of Arrangements, made a brief address of welcome.

THE PRESIDENT, DR. EDMUND ANDREWS, then delivered

THE ANNUAL ADDRESS.

There is much talk, at present, he said, upon the Ethical Codes of the American Medical Profession. It is necessary to go slowly. It is necessary to recognize, as governing the profession, a code of ethics and a code of etiquette. The laws of ethics or morals are unalterable, eternal, natural laws, and back of them stand God; they were not created by the American Medical Profession—as many believe. Ethical laws, written or unwritten, demand of the physician the greatest possible knowledge of disease, its application for the benefit of his patients, kindness, courtesy and geniality to those under his care and to his professional brethren. Laws of etiquette require adherence to certain, well-recognized conventional forms—which are of importance, but are artificial and always subordinate to the demands of ethics.

A few years ago, doctors galloping along in the country were like so many brutal centaurs, cantering over corduroy roads, snorting defiance at each other, and stamping beneath their hoofs all principles of ethics and etiquette. To remedy this evil, the Code of Ethics came into existence. Certain centaurs resisted subjugation. At the present time the tendency is to carry matters to the opposite extreme and thrust professional conduct into rigid forms of plaster-bandage inflexibility. As the result of this over-refinement, a new species of the medical man, "the medical dude," has come into existence. "Let the centaurs and the dudes fight over the code! What we want is not so much a better form of ethics as a better knowledge of the great principles underlying all codes."

DR. J. F. TODD, of Chicago, on behalf of the Committee on Registration, reported that one hundred and twenty-six delegates had registered.

The Report of the Committee on Practical Medicine, DR. J. C. FRYE, of Peoria, Chairman, was presented, and was a faithful effort at sketching the progress made in practical medicine during the past year.

AFTERNOON SESSION.

DR. PRINCE, of Jacksonville, on motion, was permitted to present a voluntary paper upon

CLOSURE OF THE SOFT AND HARD PALATE,

and exhibited a lad upon whom he had recently operated, with more than usual success, both as regards union and recovery of function. The case was one of single cleft of hard and soft palate, without harelip.

The Report of the Committee on Surgery, DR. ROWELL PARK, Chairman, gave a very brief summary of progress in surgery during the past year.

DR. DAVID S. BOOTH, of Sparta, presented a well-considered paper on *Sponge Grafting*. This method had been tried with excellent results in three cases.

DR. H. GRADLE, of CHICAGO, presented a paper upon

THE ETIOLOGY OF DISEASE,

in which he pointed out that the search for the causes of disease can best be systematized by making a sharp distinction between primary diseases and secondary disturbances. The former represent the direct reaction of living tissue to injurious influence of external origin, as seen in any infective disease or any injury, while the latter are dependent, not on any external cause, but on some preëxisting primary disease, primary lesion, or structural anomaly, somewhere in the body. As a type of a secondary disturbance, may be mentioned a cerebral embolism due to a plug derived from a diseased cardiac valve.

The only causes of primary disease known are (1) physical influence, for example, trauma, extremes of temperature, and electric currents; (2) chemical action, as poisons, or, in a negative way, the deprivation of indispensable food constituents; and (3) parasites.

In discussing the importance of parasites, both animal and vegetable, the writer showed what had hitherto been done in finding supports for the germ theory. He insisted that the parasitic origin of any disease can be accepted as proved only when the parasite has been found in every case examined during the active stage of the disease, and to an extent commensurate with the extent of the lesion, and when the disease has been reproduced by inoculation with isolated parasites. He stated it as singular that those who still oppose the germ theory on account of insufficient familiarity with the facts, have never demanded or suggested any better proofs of the parasitic origin of any disease than these mentioned. He then reviewed the work of the past year in tracing the bacteria of pneumonia, osteomyelitis, cholera, typhoid fever, diphtheria, and xerosis of the conjunctiva. He pointed out the value of Koch's work in tuberculosis, and the demonstration accomplished by him and others that scrofulous glands and lupus are but tubercular lesions.

While each primary disease, as far as it represents a single, uncomplicated disorder, has but one exciting cause, there may exist numerous predisposing conditions. These should not be called predisposing causes, for they cannot *cause* the disease; they can only favor its occurrence. The predisposing conditions comprise the conditions determining the mode of life and distribution of disease germs outside of the body and the influences interfering with the resistance of the body to the parasitic invasion. Under the former head the most important question is whether the germs of any given disease can vegetate outside of the body under the conditions existing in nature, or whether they are limited to a parasitic life in animals. The extent of our information on this point was discussed and the practical bearing illustrated by mentioning the detection of the cholera bacilli in an infected tank in India, and of the pneumonia micrococci in the filling of the floors in a prison in which the disease occurred as an epidemic. The

speaker then referred to the researches of some English physicists on the conditions determining the deposition of floating dust and their relation to the invasion of the body by germs.

In illustration of recent work having reference to predisposing conditions which made the body more prone to parasitic invasion, were mentioned the importance of minute lesions in erysipelatous and diphtheritic infection of indigestion in permitting the cholera bacilli to pass through the stomach where the acid otherwise kills them, and of desquamation of bronchial and pulmonary epithelium from measles in favoring the invasion of the lungs by the bacillus tuberculosis.

A striking instance was related of the spread of pulmonary tuberculosis amongst cattle in the vicinity of the smelting works at Freiburg, in Saxony, where the arsenical fumes emitted by the furnaces start a capillary bronchitis developing subsequently into phthisis on account of the favorable conditions for the vegetation of the tubercle bacilli. Reference was then made to mixed infections, recent researches having shown that the occasional atypical course of such diseases as typhoid fever and diphtheria, and probably many others, is due to secondary invasion of the body by other, in a certain sense accidental, bacteria. There exist also diseases, which, while they are primary in being parasitic invasions, are secondary in a certain sense, since they depend on the previous existence of the same kind of infection in another part of the body; for instance, gonorrhoeal joint affections in which the gonorrhoeal micrococci have been detected in the blood and the diseased joints. Secondary disturbances are due to the influence which a diseased part or structural anomaly may exert on distant organs through mechanical contiguity, through the vessels, or through the nerves. Amongst the new contributions to this subject were mentioned the instances of self-poisoning known as acetonaluria, or diabetic coma, which have been reported also in connection with other diseases than diabetes; furthermore, the effects of fibrin ferment liberated in consequence of blood extravasations. The various organs were then reviewed as starting-points of nervous disturbances. The intestinal canal is especially significant in this respect, mention being made of Bartholow's "enteric paraplegia." The reflexes, taking their origin from anomalies of the sexual system, from eyestrain, and from ear-diseases were also considered. Finally, the important work of Hack and some confirming observers was referred to, which has taught us that the surface of the cavernous plexus lining the inferior turbinated bone of the nose is very frequently the starting-point of important nervous symptoms and even slight structural changes, as œdema of the skin and serous effusions into muscles. These occurrences may explain many instances of that mysterious bug-bear "taking cold" as complicated reflex actions originating in irritation of the sensitive area in the nose.

DR. E. F. INGALS said that not only the structures covering the middle turbinated bone, but also those covering the inferior—particularly its posterior end—and the lower half of the septum, contained nervous elements, irritation of which gave origin to various forms of cough and asthma. Nine cases out of ten of hay asthma were due to irritation of these nerve fibrils. The indication in the treatment of these is to cauterize and

destroy, by the galvano-caustic wire, all redundant tissue or isolated spots, as revealed by the probe.

DR. VAN HORN, of Jerseyville, thought Dr. Ingals's treatment heroic. The laudanum spray or inhalation had been effective in his hands in aborting hay asthma.

The Report of the Committee on Gynecology, DR. W. S. CALDWELL, of Freeport, Chairman, was presented, and referred to the Committee on Publication.

WEDNESDAY, MAY 21ST—SECOND DAY.

The Committee on Necrology presented a report, which was received and referred to the Committee on Publication.

THE SPECIAL COMMITTEE ON VACCINATION,

DR. M. F. BASSETT, of Quincy, Chairman, presented a report which concluded with a vehement protest against bovine virus, as slow and uncertain in action, and as productive of profound local and constitutional disturbances.

DR. S. H. LAMBERT, of Assumption, thought that the objections to bovine virus would be entirely removed if quills were employed, and the patient received from two to four grains of salicylic acid or sodium salicylate, three times daily, in case of fever.

DR. EPHRAIM INGALS obtained good results with both humanized and bovine virus. In females, the place of selection should be the leg, as a less beautiful member than the arm.

DR. COOK, of Mendota, preferred humanized virus.

DR. CLARK, of Chicago, used humanized virus. In his younger days he had employed bovine virus upon one occasion, and severe local disturbance arose, accompanied by a peculiarly offensive discharge, namely, the discharge of the doctor.

DR. A. B. STRONG, of Chicago, used bovine virus with excellent results.

DR. J. I. CORCORAN, of Brimfield, had been inoculated in his youth; there was danger of introducing syphilis in the use of humanized virus, and of causing serious local and constitutional disturbance by employment of the bovine material; he did not believe in vaccination at all. It was useless, unwarranted cruelty.

DR. JONES, of Danville, referred to his experience during the war, at Lebanon, Kentucky, as a protest against humanized virus.

DR. WALTER HAY, of Chicago, preferred bovine virus.

DR. H. A. JOHNSON, of Chicago, shortly after the fire, in his official capacity as physician to the Relief and Aid Society, received authentic records of forty thousand cases of vaccination, in which humanized virus was employed, with not one case of syphilis, and only five or six cases of sloughing or erysipelas as a result. When local troubles followed, it was highly probable the scratch of a pin would have produced the same effects. Of one hundred thousand immigrants, who were vaccinated and kept under observation from one to three weeks, uniformly good results were obtained with bovine virus. The method of propagation of bovine virus was usually faulty, and when this was the case, humanized virus was preferable.

DR. C. H. NORRED, of Lincoln; DR. H. T. GILL, of Ohio; DR. S. J. JONES, of Chicago; and DR. EDMUND ANDREWS were favorably disposed to bovine virus, believing, however, that in the operation of vaccination the condition of the patient's system was an important factor.

DR. CHRISTIAN FENGER, of Chicago, was then invited to read a voluntary paper on

EXCISION OF THE HIP AND KNEE-JOINT, WITH SPECIAL REFERENCE TO THE FINAL RESULT.

He said that Volkmann's indications for operation are four in number:

(1) Presence of abscess in joint, fistulous communication with air, evening rise of temperature, and emaciation. (2) Chronic cases, when high fever is developed from suppuration in joint. (3) Formation of iliac abscess, indicating acetabular perforation. (4) Suppuration established within the joint, accompanied by complete luxation of head of femur. Dr. Fenger adds a fifth indication. (5) Detachment of the epiphysis of the head of the femur.

The paper was well illustrated by the exhibition of three cases, in which excision had been resorted to at an early period. The pathological specimens taken from the cases and presented for examination elicited much interest.

AFTERNOON SESSION.

DR. H. A. JOHNSON, of Chicago, read a brief abstract of a paper upon

BILATERAL PARALYSIS OF THE POSTERIOR CRICO-ARYTENOID MUSCLES,

and exhibited the patient who was the subject of the paper. Three years ago, tracheotomy was performed by Dr. Andrews, and the case then passed into the hands of Dr. Morell Mackenzie and Dr. Lennox Browne. Letters from both these gentlemen were read.

The patient wears his tracheal tube with perfect comfort. As regards the causation of the paralysis, Drs. Johnson, Mackenzie, and Browne are very much in the dark, but regard fixation of the arytenoid cartilages as standing in that relation.

DR. E. F. INGALS related his own experience in connection with a case of paralysis of the abductors, due to carcinoma, in which tracheotomy had prolonged the patient's life.

DR. D. W. GRAHAM, of Chicago, presented a paper on *Tracheotomy in a Case of Asphyxia Resulting from Goitre*, with exhibition of patient.

The Committee on Diseases of Children, DR. J. P. MATTHEWS, of Carlinville, Chairman, presented a report, which was referred to the Committee on Publication.

The Committee on Physiology, DR. A. WETMORE, of Waterloo, Chairman, likewise presented a report, which was referred to the Committee on Publication.

THE COMMITTEE ON ORIGINAL INVESTIGATION,

DR. N. S. DAVIS, of Chicago, Chairman, reported progress, and asked continuation for another year, with the appointment of two additional members.

Dr. Davis said that it had been the object of the Committee to determine the meteorological and telluric conditions of three acute diseases, to wit: acute rheumatism, acute pneumonia, and diphtheria, by sending out circulars to practitioners throughout the State, and obtaining data from the Signal Service Stations, in the manner of the Collective Association of the British Medical Association. He was of the opinion that bacteria did not play an exclusive rôle in the causation of

disease, and that facts derived by the method of investigation, would have a healthful sedative effect upon the germ-theory fever. Two hundred and fifty dollars had been devoted to these investigations, and was an amply sufficient sum.

DR. F. C. SHAEFER, of Chicago, then read a voluntary paper on *Fracture of the Humerus into the Bicipital Groove, with Splitting off of the Greater Tuberosity*, and exhibited a patient to whom this accident had occurred.

THURSDAY, MAY 22D—THIRD DAY.

The Committee on Legislation for the Insane, DR. WALTER HAY, of Chicago, Chairman, reported progress, and stated that at the next meeting of the State Legislature important results would be secured.

THE COMMITTEE ON AMENDMENTS TO THE ANATOMICAL LAW,

DR. A. B. STRONG, of Chicago, Chairman, reported that there had been great difficulty in obtaining dissecting material during the past year in Chicago, due to the fact that the Board of County Commissioners refused to deliver up the pauper dead, on the ground that the law was *not mandatory*. There was abundance of material, but the Commissioners demanded such an exorbitant price that it was cheaper to go to other markets.

An amendment, making the law of delivering up the pauper dead to physicians in city and county, for scientific purposes, mandatory, had been drawn up, and a copy had been mailed to every one of the five thousand practitioners of medicine in the State of Illinois. Each copy of the amendment was accompanied by a letter requesting each practitioner to use his influence with his Representative in the Legislature.

DR. J. F. TODD, on behalf of the

COMMITTEE ON REGISTRATION,

reported the presence of one hundred and forty-four regular delegates.

The following were then elected

OFFICERS FOR THE ENSUING YEAR

on the recommendation of the Committee on Nominations:

President.—Dr. David S. Booth, of Sparta.

Vice-Presidents.—Drs. S. C. Plummer, of Rock Island; W. T. Kirk, of Atlanta.

Secretary.—Dr. S. J. Jones, of Chicago.

Treasurer.—Dr. Walter Hay, of Chicago.

Assistant Secretary.—Dr. H. B. Buck, of Springfield.

Members of the Judicial Council.—Drs. S. K. Crawford, of Monmouth; G. W. Jones, of Danville; John Wright, of Springfield.

Committee of Arrangements.—Drs. Griffith, Mathews, Rauch, Whitney, and Buck, all of Springfield.

Place of meeting, Springfield.

DR. CHRISTIAN FENGER then read an abstract of a paper on

SURGICAL TREATMENT OF GANGRENE OF THE LUNG.

Four operations for gangrene of the lung had been performed up to date. The *first* was performed in 1879, by Lawson and Cayley, London, for gangrene of five weeks' standing (Medical Society of London, 1880). The cough was lessened, dyspnoea and fetor diminished. Patient died on fourth day after operation. From the

autopsy it was concluded that if the operation had been performed earlier the chances for a favorable termination would have been greater. The *second* operation was performed by Solomon Charles Smith, in Halifax, 1880, for acute gangrene, occurring in the lower lobe of left lung, in the second week of croupous pneumonia. Cough was rendered less aggravating, dyspnoea and fetor decidedly influenced for the better. Patient died on the tenth day. No autopsy. The *third* operation was performed by Buhl, of Christiana, Sweden, in 1880, for acute gangrene. The anterior portion of left lung was removed. Patient recovered after six weeks' convalescence. The *fourth* case occurred in the practice of Christian Fenger, Chicago. The patient, male, thirty-four years old, was in the latter part of second week of croupous pneumonia. The lung was in the stage of resolution. There were much pain, distressing cough, expectoration of one pint of sputa in twenty-four hours, progressive loss of strength and appetite. The fetid breath of the patient was intolerable. Percussion gave dulness in right infra-mammary region, extending into right axilla. Auscultation revealed signs of cavity corresponding to this area. Cavity was found by insertion of the needle of a hypodermatic syringe. An incision was made parallel to right clavicle, portions of the ribs removed, the needle inserted into the cavity as a guide, the cavity opened by the small platinum point of a Paquelin's thermo-cautery, to sufficient extent to admit the index finger. No loose necrotic tissue being found, the cavity was washed out and antiseptic dressing applied. Subsequently, bits of necrosed lung tissue were discharged through the thoracic opening. Irrigation of the cavity invariably brought on violent spells of coughing. Hemorrhage was trifling. Five hours later the fetor had diminished perceptibly. The patient improved steadily, and at time of presentation of the paper, five weeks after the operation, was sitting up half the day.

As regards the *technique* of the operation, the writer called attention to the line of incision; it should be parallel to the clavicle, or ribs. One or more ribs must be excised throughout a sufficient extent. It is necessary to use the needle of a hypodermatic syringe as a guide. With the Paquelin, hemorrhage is inconsiderable. The cavity should be washed out if practicable. Care must be exercised in this procedure, as there is danger of drowning the patient if the cavity communicates with a bronchus.

Buhl observed no irritating cough as the result of irrigation of the cavity. Mosler, however, had seen the same result as that noted in the writer's case, namely, very irritating cough consequent upon the irrigation. Mosler ascribed death to the use of a weak solution of thymol. Turpentine inhalations were regarded as superfluous, if not positively injurious. After-treatment must be conducted on well-recognized surgical principles.

DR. THAYER then offered the following conclusion: Surgical interference in acute, circumscribed pulmonary gangrene is indicated; there is no immediate danger of the patient's death if the operation is properly performed.

The Committee on Obstetrics, DR. S. K. CRAWFORD, of Monmouth, Chairman, presented a report, which was referred to the Committee on Publication.

DR. R. H. BABCOCK, of Chicago, then presented an interesting case of

DEXIO-CARDIA,

occurring in a boy, three years old. The heart was shown to lie entirely to the right of the left edge of the sternum, the apex beating below the right nipple. The organ was so hypertrophied as to cause prominence of the costal cartilages of that side. It was not congenital, since the abdominal viscera were not transposed, as—according to Schrötter—is always the case in congenital dextro-cardia. The history was obscure, but the author concluded, from the present condition of the right lung, that it was the result of pleuritic adhesions. There was undoubtedly mitral lesion, as there was a systolic and diastolic murmur, partaking of the character termed by the French, *bruit de galop*. In conclusion, the Doctor referred to a similar, though more complicated, case, occurring in a man thirty-two years of age, which he has had under observation since last January.

Opportunity was subsequently given the members of the Society to examine the boy.

AFTERNOON SESSION.

REPORTS

from the Committees on Gynecology, Ophthalmology, and Otology, and on Drugs and Medicines, were received, and referred to the Committee on Publication.

THE TREASURER'S REPORT.

DR. WALTER HAY reported the receipts during the last year, with the balance on hand May 15, 1883, to be \$1732, and the expenditures \$591; balance in treasury, \$1141.

The following voluntary papers were then presented: *Near-sightedness Developed during School-life*, by F. C. Holz, Chicago. This paper was a repetition of the investigations of Javal.

Sudden Suppression of Catamenia, by Dr. Whitmeyer, of Metamora.

General Principles of Treatment of Pott's Disease, by J. C. Webster, M.D., of Chicago.

Pancreatic Anæmia, by C. W. Earle, M.D., of Chicago. An excellent paper, based on four cases of cirrhosis of the pancreas, with symptoms of pernicious anæmia, accompanied by reports of autopsies of all the cases.

Mastoid Abscess, by E. L. Holmes, M.D., of Chicago.

Purulent Inflammation of the Middle Ear, by Dr. H. Gradle.

PRIZES.

DR. WALTER HAY offered a resolution, which was adopted, offering a prize of one hundred dollars for the best paper on "Diphtheria;" and one hundred dollars for the best paper on ten cases of any disease, in tabulated form, occurring in the practice of the writer, to be read at the next meeting of the Society. The prizes are to be awarded by a committee of three, to be appointed by the President.

THE PRACTICE OF MEDICINE IN ILLINOIS.

DR. E. INGALS offered a resolution, which was adopted, requesting the passage of a law to prevent anyone from practising medicine in Illinois unless a graduate of a respectable medical college.

Adjourned.

A BANQUET

at the Grand Pacific Hotel, tendered the delegates by the medical profession of Chicago, took place on Wed-

nesday evening, May 21st. CHARLES GILMAN SMITH, M.D. (University of Pennsylvania), presided as toastmaster in the happiest manner. Owing to the wise selection of toasts and speakers, the banquet proved a brilliant success.

THE LOUISIANA STATE MEDICAL SOCIETY.

*Stated Annual Meeting, held at Baton Rouge,
May 21, 22, and 23, 1884.*

(Specially reported for THE MEDICAL NEWS.)

WEDNESDAY, MAY 21ST—FIRST DAY.

THE Society was called to order at 11.55 A.M., by THE PRESIDENT, DR. J. P. DAVIDSON, of New Orleans.

DR. J. W. DUPREE, of Baton Rouge, Chairman of the Committee of Arrangements, then introduced Hon. G. L. Day, Mayor of the City of Baton Rouge, who welcomed the Society to this city.

DR. R. H. DAY, in behalf of the Baton Rouge Medical Association, extended a cordial and paternal greeting to the Society. He took occasion, in the course of his remarks, to call attention to the ignorance of the people of, and their indifference to, matters of sanitation. He urged upon the members of the Society the paramount duty of instructing the people in the fundamental principles of sanitary science, and of appealing to the General Assembly for appropriate legislation on this subject.

DR. E. M. HOOPER, of East Feliciana, moved that a Committee on Credentials, consisting of five members, be appointed. Carried.

Pending the appointment of the committee, on motion of DR. BICKMAN, the rules were suspended and the following physicians were proposed, and by acclamation

ELECTED MEMBERS OF THE SOCIETY:

Dr. Samuel F. Mecker, of Rapides; Dr. T. P. Vaughn, of West Baton Rouge; Dr. King Holt, of Iberville; Dr. H. D. Bruns, of New Orleans; Dr. Stanhope Jones, of New Orleans; Dr. D. C. Tebault, of New Orleans; Dr. G. B. Lawrason, of New Orleans; Dr. J. H. Bemiss, of New Orleans; Dr. T. Hebert, of Iberia; Dr. Bernard, of East Carroll; Dr. T. J. Buffington, of East Baton Rouge; Dr. W. O. White, of Vermillion; Dr. W. B. Meng, of Concordia; Dr. L. F. Reynaud, of Baton Rouge; Dr. J. B. Duchin, of East Baton Rouge.

THE PRESIDENT then announced the following

COMMITTEE ON CREDENTIALS:

Dr. Hooper, of East Feliciana; Dr. Bickham, of New Orleans; Dr. Fish, of Rapides; Dr. Tebault, of New Orleans; Dr. Henry, of New Orleans.

The Committee after a short recess reported the credentials of all delegates in correct form.

REPORTS OF OFFICERS.

The report of the Corresponding Secretary, in his absence, was read by Dr. J. H. Bemiss, of New Orleans.

The report of the Treasurer showed that eighty members were in arrears as to annual dues. Of a number obligating themselves at the last annual meeting to pay an additional five dollars towards the maintenance of the Society, ten were in arrears. Estimating these sums as collectable, and adding the amounts now in the

Treasurer's hands, the assets of the Society were shown to be \$646.

DR. DAVIDSON, Chairman of the Committee on Organization, to which had been referred the

EXPEDIENCY OF FORMING A TRI-STATE MEDICAL SOCIETY,

of the States of Texas, Arkansas, and Louisiana, reported adversely on the same. Also adversely on the granting of certain privileges to those members subscribing an additional five dollars. The adoption of the report was made a special order for to-morrow's session.

EVENING SESSION.

DR. DAVIDSON delivered the

ANNUAL ADDRESS,

the tenor of which was a more complete organization of the Society, as a necessity for the well-being both of the profession and the public in general. To this end, he urged the formation of affiliating parish societies. By better organization and more numerous delegates, we could hope to spread among the people a better knowledge of sanitation and hygiene, and could also hope to obtain more efficient legislation. Moreover, with parish affiliating societies, vital statistics—so important to the advancement of our knowledge, both general and practical—could be collected and analyzed. He then touched upon the formation of a State Board of Health, and ended by stating in detail a plan by which vital statistics and mortuary reports could be collected, and, through the State Board, be classified, tabulated, and studied.

COL. K. A. CROSS then delivered an address on *The Principles Controlling the Mind and Directing the Tendencies of the Age*.

The paper was listened to with much interest, and at its conclusion was referred, with a vote of thanks, to the Publication Committee.

THURSDAY, MAY 22D—SECOND DAY.

MORNING SESSION.

A letter from Dr. Hardie was read, stating that he was compelled to go home, and calling the attention of the Society to the following points:

a. The clause in the Constitution of the State whereby any debt save that to a physician could be satisfied by a lien on property. It should be extended so as to include debts to physicians.

b. While tools of an artisan were free from seizure by the Constitution, a physician's books and instruments owned no such immunity.

c. That the law with reference to the registration of physicians be amended so as to be more efficient.

d. The extra fees paid by certain members be considered as fees for the ensuing year.

e. That his essay on *Germs and Contagion*, if found worthy, be read and referred to the Publication Committee; if not, that it be returned into his hands.

DR. HOOPER moved that suggestions a to d, inclusive, be referred to the Committee on State Medicine, and suggestion e to the Publication Committee. Carried.

DR. LOVE recommended Dr. W. A. Burris, of Ascension, for membership; Dr. Guilbeau, Dr. Leslie.

DR. CHAILLÉ, of New Orleans, moved that the rules

be suspended, and that the gentlemen be elected by acclamation, which was done.

THE COMMITTEE ON STATE MEDICINE

reported through its Chairman, DR. S. E. CHAILLÉ, of New Orleans, that it had placed in the hands of Judge Sevy the following subjects, to be elaborated into bill form, and presented to the General Assembly:

1. Law for the creation of a State Board of Health, whose members shall be selected from the various districts of the State.

2. Law to protect confidential communications to physicians of a professional character.

3. Law requiring the teaching of hygiene and elementary physiology in the public schools.

The Committee also reported that, deeming it very desirable to prevent the practice of obstetrics throughout the State by ignorant midwives, they nevertheless deemed it inexpedient to press for legislation on the subject at this time.

DR. CHAILLÉ then read the printed petition of the Auxiliary Sanitary Association and other scientific bodies, praying the General Assembly to pass a law making instruction in the elements of hygiene and physiology compulsory in the public schools. Dr. Chaillé then moved that the Society endorse this petition. Carried.

THE PRESIDENT announced the appointment of a

NOMINATING COMMITTEE

in order, and stated that at the last meeting this Committee had been formed by the members from each parish selecting one of their number to represent them in the Committee. He urged that the same method be pursued, and declared a recess of ten minutes for the choice of the Committee.

The Committee subsequently reported, through its Chairman, the following nominations for

OFFICERS FOR THE ENSUING YEAR:

President.—Dr. R. H. Day, of East Baton Rouge.

Vice-Presidents.—Drs. C. J. Bickham, of New Orleans; E. S. Lewis, of New Orleans; T. J. Buffington, of East Baton Rouge; C. M. Smith, of Franklin; I. J. Newton, of Bastrop; T. J. Allen, of Shreveport.

DR. DAY moved that the rules be suspended, and that Drs. I. A. Williams and Kauffman be elected members of the Society. Carried.

DR. BRUNS, of New Orleans, read a paper on

ACUTE PLASTIC IRITIS,

which was based upon an analysis of fifty-five cases treated in the Charity Hospital during the past sixteen months. He stated that a knowledge of the disease by the general practitioner was desirable, because of its frequency, five per cent. of all eye cases treated in the Hospital being of this nature. He said that out of the fifty-five cases, thirty-three were undoubtedly due to syphilis. He pointed out that the disease could be recognized by the peculiar redness, the character of the pain, and the functional impairment of the pupil, and urged prompt and vigorous treatment with strong solution of atropia sulphate, mercury, and hot-water fomentation; and called attention to the fact that in no case had the patient applied for treatment at an earlier date than the seventh day, and his tables showed that this

date having been passed, no influence upon the results seemed to have been exerted by any delay in the institution of treatment, even up to the thirty-fifth day. The main feature of the paper was its clearness and simplicity.

DR. G. B. UNDERHILL, of New Orleans, read a paper on

THE SPLEEN; ITS ANATOMY, PATHOLOGY, AND SOME OF ITS LESIONS,

which dwelt especially upon the rôle played by the unstriated muscular fibres in this viscus; upon the action of the organ as a reservoir for superfluous blood of the circulation; and upon the influence of the chronically enlarged spleen upon the healing of wounds near the rectum. He also dwelt at length upon the pathogeny of chronic splenitis with enlargement in malarial fever.

The Secretary read a paper by DR. M. SCHUPPERT, who was absent, on

TETANUS AND TETANY.

He took the ground that tetanus, which is invariably preceded by a wound, is the result of blood-poisoning due to some microorganism. This point was supported by strong analogical reasoning. On the other hand, the author maintained that tetany, which may be readily differentiated from tetanus by a number of well-marked symptoms enumerated by the author, is a disease of the central nervous system, and not fatal in its nature. This highly interesting paper was of such a nature as not to admit of a fair synopsis, and will be published in the *Transactions* for 1884.

Dr. Hardie's paper on *Contagion and Germs* was read by the Secretary.

ANÆSTHETICS.

DR. UNDERHILL moved that a committee of three be appointed to obtain from all reliable sources data with reference to sulphuric ether, chloroform, and a mixture of ether, chloroform, and alcohol.

DR. DAY said that the manner of administration is probably the most important factor in the production of unfortunate results, and statistics should be compiled with especial reference to this point.

DR. E. S. LEWIS did not consider it a matter for investigation by the Society, but thought that Dr. Underhill should rather make it a subject of personal investigation to be reported upon by him at the next annual meeting.

DR. CHAILLÉ thought that the Society might do a useful work by lending its influence to the investigation, and added that the Society should make it a point always to assist the younger members in their work. Motion unanimously carried.

DR. DAY moved a vote of thanks to the readers and writers of the papers which had been read. Carried.

EVENING SESSION.

THE PRESIDENT announced the following Committee on Chloroform, as contemplated by the resolution introduced in the morning: Dr. G. B. Underhill, Dr. H. D. Bruns, Dr. G. B. Lawrason.

MEDICAL LEGISLATION.

JUDGE SEVY being introduced, stated that he had come before the Society by request, to offer some state-

ments with reference to points for legislation, which had been introduced by this and other cognate bodies. The first point for legislation was the establishment of a State Board of Health. Though it was neither desired nor intended that any reflections be cast upon the present or preceding Boards of Health, still it was universally acknowledged that the Board, as now constituted, is only a local Board, and withal patched and repatched by law upon law, until its usefulness was dangerously curtailed. The proposed law contemplated a veritable State Board composed of representative physicians and others from all parts of the State, with the Secretary a physician and with powers both corporate and politic. The second recommendation for legislation was the protection of confidential communications to physicians by patients. He could see no difficulty in the way of the passage of this bill. The next was sanitary instruction. This is formulated in the memorial of the physicians in this way: that public schools throughout the State should teach physiology and hygiene. He would suggest that the request of the Women's Christian Temperance Union be acceded to, and the addition made "with special reference to the affects of the abuse of alcohol, narcotics, and anaesthetics." Compensation for expert testimony. He was in favor of such an Act, and hoped for its success. Insane criminals. This proposed law looked partly to the checking of the too frequent pleading of insanity for crime, and the prevention from punishment, and the taking care of the actually insane. It was a good move. The Coroner, his selection and duties. Public institutions, the giving of control of, to the State Board of Health. The practice of pharmacy, a law designed to prevent the selling of poisons and adulterations, and the prescribing by druggists. All of these were good, and he hoped they would pass.

DR. F. FORMENTO, of New Orleans, read a paper on

CREMATION:

He spoke of the prejudice existing against this practice, and contended that it did not conflict with any religion. He cited many instances to show its great antiquity and its present revival. He discussed the effects of inhumation upon the living, and concluded by describing the *modus operandi* of cremation and the absence of anything whatsoever, save prejudice, calculated to shock the most sensitive or the most bigoted.

FRIDAY, MAY 23D—THIRD DAY.

MORNING SESSION.

DR. J. H. BEMISS offered a resolution to the effect that the Society express its interest in the success of the Exposition, and that it urge upon its members individually, and upon affiliating and other medical societies throughout the State, that they exert themselves to forward in any manner in their power, any plans or specimens by which the Managers of the Exposition may propose to illustrate the natural history and resources of the State.

QUARANTINE.

DR. CHAILLÉ said that Col. Zacharie, the Attorney of the Board of Health, was present, and would be pleased to state in a few words the projected action of the

Board. The first was a proposition to invite, in the month of June, a conference of health authorities of the neighboring States, the object being to come to an understanding as to the duties and responsibilities of each in matters of health, and especially quarantine.

The next proposition was the establishment of a lower quarantine station. He spoke of the history of quarantine in the State, tracing the gradual removal, from year to year, of the station, until at present it was forty miles below the city. It was now proposed to have two stations, one near the mouth of the river, but in one of the unused passes, where vessels actually infected could be detained and attended; and the other at the present point, where only those vessels would be allowed to anchor which had hailed from an infected port, or one proclaimed as infected, but were themselves healthy. The objection to sending ships to Ship Island was twofold. The State has no control over ships out of the waters of Louisiana, and captains ran the risk of forfeiting their insurance if they deviated from the course laid down in their papers.

COL. ZACHARIE spoke of the arrangements which had been perfected to carry out their plans just so soon as the Legislature authorized them to do so. He spoke of the Declaration of the International Quarantine Assembly of Europe, promulgated years ago. By this declaration infected vessels could always be sent to lazarettos, which were convenient and numerous, but never until aid of needed kind was furnished. He went on to speak of the non-intercourse policy of Louisiana, and how all the world disapproved of it; among others he would cite especially the ex-President of the Board of Health, Dr. Joseph Jones. He pictured the spectacle of an infected ship in a time when every seaport had declared a policy of absolute non-intercourse. Refused admission at every port, unaided by food or medicine, drifting helpless upon the waters, it would stand as an awful commentary upon an age which allowed such inhumanity and barbarism.

DR. CHAILLÉ thought such occurrences entirely unnecessary, and easily avoided if, when a State decides to adopt a non-intercourse policy, it so declare its intention not *ten* days before, but months—three to six months—before the proclamation goes into effect. He believed that the moiety of trade with the proclaimed port was nothing to the vast stream of commerce which flowed to us from the West, and that one yellow fever epidemic in twenty years did New Orleans and Louisiana more damage than non-intercourse for forty years. He added that, even with the facilities now existing at the Quarantine Station, ships were detained. Unloading and disinfection of vessels should be done with dispatch.

COL. ZACHARIE reviewed the means by which disinfection was practised, and stated that arrangements for laborers and warehouses were complete.

DR. S. JONES stated that this non-intercourse policy had been adopted and recommended, not by his father, Dr. Joseph Jones, but by a special meeting, called for the purpose, in conjunction with a conference committee.

DR. CHAILLÉ, though thinking as he had before indicated, moved that the Society heartily approve any measures adopted by the Board designed to separate infected and non-infected vessels. Resolution adopted.

DR. LOWE remarked that, at the last meeting, the Society had endorsed

VACCINATION AND REVACCINATION.

He was sorry to say that his experience had been such as to compel him to ask the Society to again so express itself. He, therefore, offered a resolution endorsing vaccination and revaccination, and urging the police juries of the parishes to give the matter their earnest attention.

After some discussion of the powers of police juries in the matter, the resolution was carried.

The PRESIDENT-ELECT, DR. R. H. DAY, announced the usual committees, and then, on motion, the Society adjourned, to meet in New Orleans, on Wednesday, January 14, 1885.

THE MEDICAL ASSOCIATION OF THE STATE OF MISSOURI.

Twenty-seventh Annual Session, held at Sedalia, May 20, 21, and 22, 1884.

(Specially reported for THE MEDICAL NEWS.)

TUESDAY, MAY 20TH—FIRST DAY.

The Association was called to order by THE PRESIDENT, DR. E. H. GREGORY, of St. Louis.

DR. OHMANN-DUMESNIL, of St. Louis, presented a paper on

ECZEMA,

written, he said, for the purpose of calling out suggestions in the treatment of that very troublesome affection, but no one seemed to have discovered anything new on the subject.

DR. GREGORY, of St. Louis, spoke of a case of local eczema confined to the lower extremities which he had treated by confining the patient to his bed and elevating his feet.

DR. G. M. DEWY, of Keytesville, then presented a paper on *The Cause and Cure of Quacks and Quackery*.

AFTERNOON SESSION.

Prominent among the papers read during the afternoon session was one by DR. GLASGOW, of St. Louis, in which he reported a

CASE OF SLOW PULSE,

ranging from thirty-eight to forty-five per minute. The patient suffered from general nervous excitement, and he thought that the slow pulse came from over-stimulation of the pneumogastric nerve. The heart acted as if its inhibitory nerve was being galvanized. The pulse became normal when the general nervous symptoms were relieved.

DR. TEHOLSKY, of St. Louis, spoke of several cases in his practice of very slow pulse, in two or three of which there had been autopsies, and in each the coronary arteries were found occluded. He thinks that a majority of such cases are caused by disease of those vessels and malnutrition of the heart.

DR. LESTER, of Kansas City, spoke of an apparently healthy soldier who had been looked upon as a curiosity by his comrades, on account of his slow pulse, which ranged from 35 to 45 at the wrist, and was not very strong. When the ear was placed over the heart,

to each radial pulsation there could be distinguished two distinct "throb-dubs," showing that his heart did beat as often as those of other men. But as every alternate contraction seemed to give a light sound, he thought that these impulses failed to reach the radial artery.

EVENING SESSION.

This session was principally occupied in reading the reports of the Committee on The Relation of Spirit-drinking, Insanity, and Crime, which showed a vast amount of assiduity in searching to secure facts. The committee had communicated with almost every asylum and penitentiary within the United States, and had secured not a little valuable information from foreign countries.

DR. POTTER, of Cameron, Chairman of the Committee, estimated that sixty-five per cent. of all crimes committed in this country were directly or indirectly caused by the drinking of alcoholic liquors; and that seventy-five per cent. of all the inmates of insane asylums were there as a result of the use of the same intoxicants, either by the subjects themselves or some one or more of their ancestors in the first or second generation back.

DR. HART, of Brownsville, brought in a minority report, which was in substance the same as Dr. Potter's paper. He estimated the per cent. of crime caused by liquor at seventy-five, and the insanity at eighty.

WEDNESDAY, MAY 22D—SECOND DAY.

DR. E. H. GREGORY, of St. Louis, delivered

THE PRESIDENT'S ADDRESS,

choosing for his subject, *Neoplasms from a Practical Standpoint*.

After stating that some authors claim that all neoplasms are inflammatory, he asserted that they are not so, since inflammation is a constructive process and always comes to the aid of nature when any part is to be protected or repaired, while the formation of "tumor neoplasm" is essentially a destructive process.

The point of practical interest to the surgeon is in diagnosing between inflammatory and non-inflammatory neoplasms. If they are inflammatory, they tend to cure themselves; if non-inflammatory, unless there is some special reason, they are malignant or benign. If the neoplasm is of the tumor variety, to distinguish whether it is malignant or benign is a secondary consideration, for in either case the watchword is to operate early.

AFTERNOON SESSION.

DR. HARDAWAY, of St. Louis, read a paper on *Idiopathic Sarcoma of the Skin*.

DR. P. V. SCHENCK, of St. Louis, then read a paper entitled *Periodic Pains Caused by Diseases of the Womb and its Appendages, not Relieved by Antiperiodics*. He reported a number of cases in which the patients had suffered by periodical pains, and in which quinine even in large doses was used without affording relief. He found in all of these cases an unhealthy condition of the womb or its appendages, and he relieved the pain by local treatment.

DR. ENGELMANN, of St. Louis, agreed with Dr. Schenck as to the non-malarial origin of some of the

periodic pains which women suffer, but thought it safe to give quinine.

DR. FITZGERALD, of Lathrop, suggested sulphate of nickel as a remedy for the relief of non-malarial periodic pains.

THURSDAY, MAY 22D—THIRD DAY.

The following were elected

OFFICERS FOR THE ENSUING YEAR:

President.—Dr. H. H. Middlekamp, of Warrenton.

Vice-Presidents.—Drs. T. F. Prewitt, of St. Louis; W. E. Evans, of Boonville; B. G. Dysart, of Paris; H. W. Lane, of Jasper; S. G. Griswold, of New Haven.

Recording Secretaries.—Drs. J. H. Thompson, of Kansas City; N. M. Baskett, of Moberly.

Corresponding Secretary.—Dr. F. J. Lutz, of St. Louis.

Treasurer.—Dr. C. A. Thompson, of Jefferson City.

After reading several papers by title, and referring them to the Committee on Publication, the Association adjourned to meet in St. Joseph, on the second Tuesday in May, 1885.

THE NEBRASKA STATE MEDICAL SOCIETY.

*Sixteenth Annual Meeting, held in Omaha,
May 13 and 14, 1884.*

(Specially reported for THE MEDICAL NEWS.)

The sixteenth annual meeting of the Nebraska State Medical Society was called to order in Falconer's Hall, Omaha, May 13, 1884, at 10 A.M., by the Secretary, Dr. A. S. Mansfelde, as neither the President nor either of the Vice-Presidents was present. On motion, Dr. Shipman, of Sterling, was elected Chairman. The Society at its last meeting consisted of one hundred and thirty members; this number has been increased by the election of forty-five applicants.

THE REPORT OF THE SECRETARY

was then read. In it he suggested the advisability of his being authorized to collect, by means of suitable blanks distributed to the members, statistics of births, deaths, prevailing diseases, etc. This suggestion was subsequently embodied in a resolution and adopted.

THE COMMITTEE ON FOREIGN CORRESPONDENCE

suggested a plan, similar to the governmental consular system, for the appointment of members of foreign societies as representatives of this Society, and inviting the foreign societies to delegate members of this Society to represent them in its proceedings, to the end that knowledge of the advances in medical science be the more readily and thoroughly disseminated.

THE REPORT OF THE CORRESPONDING SECRETARY

recited a list of the reports received from other State Societies, and recommended the reprinting of the first ten years' *Proceedings* of this Society, the editions of which are exhausted.

THE REPORT OF THE TREASURER

showed a balance in the treasury amounting to \$364.20.

At 2 P.M. the Society met in Scientific Session. The first paper read was that of DR. MERRIAM on

RECENT PROGRESS IN THE TREATMENT OF DIPHTHERIA, in which he took the ground that the greatest progress made had been in the growing disposition to use small

doses, frequently repeated, of the tonic and stimulant medicines usually given.

This paper excited much discussion, participated in by many of various views, though most agreed in the number and quantity of remedies used.

DR. BAUER, of St. Louis, Mo., lauded the use of eucalyptol locally.

DR. CARTER presented the report of the Section on

PRACTICAL MEDICINE, PATHOLOGY, AND SPECIAL THERAPEUTICS,

and, in alluding to ethics, said that "while they are outwardly strict adherents to the Old Code, the physicians of Omaha really go beyond the New Code, practising on the principle 'every man for himself.'" This remark called forth indignant denial, and, on motion, was stricken out.

AMENDMENTS TO THE CONSTITUTION

were adopted, as follows:

The deliberations of this Society shall be according to Roberts's Rules of Order.

All officers shall be elected for one year, except the Secretary, whose term of office shall continue until he resigns or is removed.

The chairmen of sections shall be selected by a committee of three, appointed by the President at the beginning of each annual meeting; and each chairman shall, before appointment, promise to report an epitome of the progress made in the preceding year in his section.

QUALIFICATIONS FOR MEMBERSHIP.

DR. W. M. STONE moved that there be required from candidates for membership of this Society the same qualifications as are demanded by the Illinois State Board of Health. Adopted.

Reports from the various standing committees were read and accepted.

THE ELECTION OF OFFICERS

for the ensuing year resulted as follows:

President.—Dr. F. G. Fuller, of Lincoln.

Vice-Presidents.—Drs. G. N. Peebles, of David City, and M. J. Gahan, of Grand Island.

Permanent Secretary.—Dr. A. S. Mansfelde, of Ashland.

Corresponding Secretary.—Dr. R. R. Livingston, of Plattsmouth.

Treasurer.—Dr. R. C. Moore, of Omaha.

Grand Island was selected as the place for holding the next annual meeting.

MAY 14TH—SECOND DAY.

THE REPORT OF THE SECTION ON SURGERY

was presented by DR. LIVINGSTON, CHAIRMAN, and contained papers by several members on various topics and a *résumé* of the advances in the surgery of organs formerly sacred from invasion by the surgeon's knife; the surgery of the heart, lungs, œsophagus, stomach, pylorus, kidneys, spleen, liver, and intestines. It also referred to the administration of anæsthetics *per rectum*.

In the discussion that followed, DR. MERCER related four cases of *Stricture of the Œsophagus*, and expressed his preference for dilatation over operative procedures.

THE REPORT OF THE SECTION ON OBSTETRICS,

by DR. ROBBINS, CHAIRMAN, was an account of the discoveries and inventions in that department.

DR. LEISENRING read a paper on *Puerperal Fever*, which was followed by a discussion between those who hold that it is a specific disease developed from a specific poison, and those who believe it may originate from the absorption of any septic matter.

DR. MANSFELDE reported four cases of

OVIARTOTOMY,

in which the most elaborate antiseptic measures were employed. Three of the cases were successful. The other one, an unpromising case, died on the second day after the operation.

DR. CHAPIN read a paper on *Medical Education*, in which he assailed vigorously the allo-homœo-eclectic department of the State University.

Other reports, for lack of time, were read by title and referred to the Committee on Publication.

In the early evening a session was held for the inauguration of the newly elected officers and the customary speech-making. After a resolution of thanks to the outgoing officers, the Society adjourned *sine die*.

At the Millard Hotel, at 10 P. M.,

A RECEPTION AND BANQUET

was tendered the members of the State Society by the Omaha Medical Society.

THE NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, May 15, 1884.

THE VICE-PRESIDENT, HORACE T. HANKS, M.D.,
IN THE CHAIR.

DR. D. BRYSON DELAVAN read a paper on
PRACTICAL SUGGESTIONS UPON THE ALIMENTATION OF
PATIENTS SUFFERING FROM DYSPHAGIA.

(See page 663.)

DR. JOHN C. PETERS said that in regard to the admirable method of artificial alimentation described by Dr. Delavan there could be very little to add, as he had set the whole matter so clearly before the Academy. He thought it would be a mistake to resort to it, however, in many cases of the acute affections referred to in the paper. He had found in some cases of diphtheria and other diseases especially implicating the throat (and he had to confess that it had been somewhat a matter of surprise to him) that food and stimulus were not so essential to a favorable issue as was generally supposed. He found sometimes, therefore, that at the present day the profession had gone too far to the opposite extreme of the practice observed in former times, when, as was now commonly said, the patients were "starved to death." He felt convinced that medical men now resorted to over-feeding and over-stimulation; and he said that in many cases of disease he did not think the treatment as judicious as that of forty years ago.

DR. E. C. HARWOOD thought that the paper was one of great interest and practical value, and that the method described in it was a very simple and efficient one. In some of the kinds of cases referred to by Dr. Delavan, he had himself at times employed the David-

son syringe with a small tube, and found that it had answered a good purpose. In some of the cases of acute disease, however, he thought the difficulty of swallowing could sometimes be relieved without having to resort to the use of the œsophageal tube. He then mentioned a very bad case of tonsillitis, with marked dysphagia, occurring in the practice of another Fellow of the Academy, which he was hastily summoned to see in consultation late one night. Not knowing the nature of the case, but learning that it was prominently characterized by throat obstruction, he went prepared to perform tracheotomy. On reaching the patient's bedside, he found the case of the character mentioned, and as the other physician had not yet arrived, he concluded to try the effect of thoroughly cleansing out the pharynx and nasal passages with warm water and salt. This he accomplished by means of a post-nasal syringe of his own device, and the patient, having got rid of a large accumulation of ropy mucus, was so much relieved that he was at once able to swallow with avidity a bowl of beef-tea. The effect of this was very invigorating, and the urgency of the symptoms was now so far mitigated that it was unnecessary to resort to tracheotomy or other severe measure.

DR. BRANDEIS, while agreeing in the main with the views of the author, said that he knew of but few patients to whom he would feel willing to trust the use of the apparatus in their own hands, feeling afraid that the mucous membrane might be lacerated, or the diseased parts seriously injured in the endeavor to pass the tube. But, granting that it could be trusted to some adult patients, it certainly could not to children, and it seemed to him an objection to the method that it would require such constant attendance on the part of the physician, since the feeding would have to be repeated at comparatively frequent intervals.

Dr. Krishaber, of Paris, had proposed, in the case of permanent stricture of the œsophagus, to introduce a tube through the nose and pharynx into the œsophagus, past the point of stricture, and leave it there indefinitely, and one case had been reported in which the tube remained in position for one hundred and fifteen consecutive days. This plan, he thought, could be adopted with advantage in many of the cases to which Dr. Delavan had referred. There was, at present, under his own care a case of undoubted stricture of the œsophagus in a man forty-five years of age, which was associated with cretaceous degeneration of the thyroid and accompanied by difficulty of deglutition; and a catheter had now been *in situ* for the greater part of four weeks. Every two or three days the patient would come to his office, when he would withdraw the tube, and, after allowing the parts to rest for an hour or two, introduce a new one. He employed an ordinary black rubber tube about eight or nine millimetres in diameter. In acute affections, such as quinsy sore throat, he had not met with much difficulty in getting patients to take soft and bland food, and under the circumstances there was, perhaps, nothing so good as a raw egg. This he directed the patient to place in a wine-glass with a little sherry, or whatever else was preferred to flavor it with, and drink it down at one gulp. The whole cavity of the pharynx was thus bathed with a bland substance, which itself was of service in allaying pain and irritation. In acute tonsillitis, if there was no apparent danger from diph-

theria or other septic influence, he was also in the habit of making simple scarifications over the organs, which relieved the dysphagia in a very prompt manner.

DR. GEORGE L. PEABODY said that it had occurred to him to suggest the use of one other device in this connection, and that was an ordinary condom with the end cut off. A portion of this the patient could swallow himself after it had been moistened, and we would then at once have a tube in position for the introduction of as much food into the stomach as was deemed necessary. He had not as yet had an opportunity of carrying this suggestion into practical effect.

DR. W. C. JARVIS said that the method set forth by Dr. Delavan seemed to him to fulfil every indication in which it was possible to use this form of apparatus; but there were certain conditions which we were liable to meet with in which the epiglottis was the special seat of ulceration (as was sometimes the case in syphilis and laryngeal phthisis), and in which it was altogether out of the question to use any kind of œsophageal tube, on account of the extreme pain which it would occasion. In this class of cases he had been of late using, with very successful results, the soft capsules prepared by druggists for the administration of castor oil and other disagreeable medicines, which could be swallowed without difficulty even by such patients. The capsules were filled with the desired fluid food, or stimulus, by means of a hypodermatic needle attached to a tube, and the small orifice was then sealed up. He could speak of this method with confidence, because he had already given it quite an extensive trial. In regard to cases of tonsillitis, such as the one referred to by Dr. Harwood, in which death was threatened from suffocation, he would like to remark that when he met with them he did not hesitate for an instant to excise the tonsil, which could always be done without difficulty, and which usually obviated the necessity of tracheotomy.

DR. DELAVAN, in closing the discussion, said, with reference to the criticism of Dr. Brandeis, that patients ought not to be trusted with the apparatus themselves, that he would not think of doing this in any case in which the patient was not a person of intelligence and judgment; but it required only a little skill and practice to introduce successfully the tube, and he thought that patients, as a rule, when they were once accustomed to it, preferred to pass it for themselves rather than have it done by the physician. When the patient was not capable of doing this, or preferred not to pass it himself, he could not see why a trained nurse could not be employed, who, with a little special instruction and practice, could probably do it as well as the physician himself. But, if in any case the physician felt that it would be unsafe to entrust the procedure to other hands, or if no efficient person could be procured, it was plainly his duty to go and feed the patient as often as was necessary, just as in another case it might be his duty to give a hypodermatic injection of morphia, for instance, two or three times a day. As to Krishaber's method, it was especially adapted for stenosis of the œsophagus, and he did not think its employment would be satisfactory in the class of cases referred to in the paper. In tonsillitis there was often a very marked degree of dysphagia; and here the tube could be used with little difficulty and with very satisfactory results. Dr. Jarvis's suggestion in regard to the use of soft capsules, he thought a

capital one; and he was extremely glad to have heard it, because it just met the difficulty in the class of cases referred to, in which there was special sensitiveness in the vicinity of the epiglottis, and therefore admirably supplemented the use of the apparatus to which he had called attention this evening, in the alimentation of patients suffering from dysphagia.

DR. ROBERT W. TAYLOR then read a paper on

CHANCER OF THE TONSIL.

Having explained that the lesion of the tonsil of which he wished to speak was true chancre alone (to the exclusion of chancroid), he stated that it was not so rare as had hitherto been supposed. As to its origin, chancre of the tonsil might be due to kissing, the contact of pencils, glasses, bottles, and perhaps, cigars, with the mucous membrane of the mouth, and also to depraved and unnatural sexual contact, which, he regretted to say, had become alarmingly frequent in the community. In November, 1882, he was asked by Dr. Charles McBurney, to come to Bellevue Hospital, to see a boy nine years of age, in his wards, who was suffering from a fracture of the tibia, and who, since he had been under treatment at the hospital, had developed a well-marked attack of acute secondary syphilis, with undeniable chancre of the tonsil. Dr. Taylor then read the full history of the case as detailed by the House-surgeon at Bellevue; from which it appeared that the syphilide (roseola), the true nature of which was not immediately recognized, was first noticed on the boy's chest on the 12th of November. On the 15th, the chancre was discovered on the left tonsil, and anti-syphilitic treatment was commenced. The tonsil was swollen and covered with a white membrane, and the cervical glands in the vicinity were much enlarged. The boy confessed that a short time previously a strange man had placed his penis in his mouth in a water-closet.

In June, 1882, a young woman of promiscuous habits, who was under his care at the time for other troubles, complained to Dr. Taylor that she had a slight sore-throat. On making an examination, he found that the left tonsil (both tonsils were chronically enlarged) was somewhat red, though it was not hard, and the ganglia were not perceptibly enlarged. Under the circumstances, he ordered a simple gargle, and awaited events. The patient then went out of town for nearly a fortnight, and when she returned, he found the left tonsil was much swollen and indurated, while the ganglia were enlarged and matted together. Three weeks later, the inguinal glands became implicated, and a roseolous syphilide appeared. The chancre on the tonsil was found to have originated from unnatural practices.

Dr. Taylor next referred to four other cases which he had either seen himself or which had come within his immediate knowledge. The first he had had an opportunity of seeing through the courtesy of Dr. George H. Fox, and it was in a man who exhibited the most disgusting depravity in speaking of the practices to which he was addicted, and through which he became infected with chancre of the tonsil. The second was that of a young man who had a chancre of the left tonsil, and at the time was suffering from a tubercular syphilide. The third case was one of great interest, for the history of which he was indebted to Dr. Edward Wigglesworth, of Boston. It occurred in a medical

student who contracted chancre of the right tonsil while placing his mouth in contact with that of an asphyxiated newly born infant, whom he was endeavoring to resuscitate, which was followed by well-marked constitutional syphilis. The fourth and last case, originating from indulgence in beastly practices, was related to Dr. Taylor with great minuteness by the late Dr. F. J. Bumstead, so that he could thus present six well-authenticated cases of chancre of the tonsils, all of which were followed by constitutional syphilis, and from all of which all other sources of infection were eliminated. The other cases that had thus far been reported were two by a Russian writer, one by Spillman, and four occurring under the observation of Fournier.

Dr. Taylor then spoke of the clinical history of chancre of the tonsil. The first appearances were redness and swelling, without perceptible adenitis. The severity of the symptoms then increased, and induration and ulceration were noticed, while a grayish-white coating might be irregularly spread over the ulceration. The differential diagnosis had to be made between chancre on the one hand, and mucous patches, syphilitic sclerosis, or epithelial cancer on the other. In the syphilitic lesions referred to, the trouble would not be so completely confined to one side, and there would be by no means such marked adenopathy, while the history would, as a rule, throw light on the matter.

In conclusion, Dr. Taylor said that the following points would render the diagnosis of chancre of the tonsil practically certain. First, the details of infection, whether from kissing, from contact of such articles as had been referred to, or from indulgence in bestial practices. Second, the slow, insidious development of the lesion, which runs a subacute course. Third, its unilateral position. Fourth, difficulty of deglutition, and even pain, referred to one side. Fifth, the special implication of the preauricular gland. Sixth, much less induration of the glands in general—particularly those at a distance from the throat—than is usually met with in connection with ordinary chancre.

DR. F. N. OTIS said that he had never himself observed a case of chancre of the tonsil, but that he saw no reason why the lesion should not occur in this position as well as elsewhere. All that was required for the development of a chancre was, first, a *contagium*, and, second, an open surface on the part of the patient affected. He believed, however, that there was a very great variety in the initial lesions of syphilis, the appearances and developments often differing very widely in different instances. All the diagnostic points referred to by the author of the paper might not be present in certain instances, and, therefore, if we were to wait for them to make their appearance, we might lose the opportunity of locating the initial lesion. The latter was not necessarily associated with any destruction of tissue whatever. In some cases he had observed simply a little hard nodule on the genitals; but from this followed glandular enlargement, with the dissemination of the syphilitic virus throughout the system. Such nodules might be absorbed without undergoing any ulcerative process whatever, but, none the less on this account, they are just as much the true initial lesions of syphilis as typical Hunterian chancres. Dr. Otis then related a case which had been referred to him, and which previously had been under the care of two distinguished

oculists, in which there was at first merely a little red point on the conjunctiva. From this there was a gradual extrusion of conjunctivitis; but after the patient had been under treatment for several months for the condition of the eye, it was noticed that there had occurred a considerable enlargement of the parotid gland, the lymphatics above it, and the post-cervical glands. During the fourth month after the trouble in the eye commenced, a roseolous eruption appeared, and the case was referred to Dr. Otis, who found it an unmistakable one of constitutional syphilis. The interest of the case centred in the fact that the starting-point of the whole trouble was the little red spot on the conjunctiva, as a careful investigation of the history established the fact that this was undoubtedly the initial lesion of syphilis. It showed, therefore, that we could not always depend on the presence of the usual diagnostic signs in the initial lesions. The cases which Dr. Taylor had reported were worthy of note from a moral and social point of view, but otherwise they did not seem to him to possess any special interest.

DR. F. R. STURGIS said that he had seen four instances of chancre of the tonsils. The first was the one occurring in the boy at Bellevue Hospital, which had been described in the paper. Of the others, one occurred in a man, and two in women. The inflammatory attack was quite well marked, except in one case, in which all the symptoms were of a subacute character. In this the ulceration was quite superficial, but in the others it was well marked. The most important point in the diagnosis, he thought, was the ulceration of the preauricular and postauricular glands, and particularly of the former. This was a prominent characteristic in all the cases that he had seen. As regards the history, it was manifestly impossible to get a correct account of the origin of the trouble in the case of the women. The boy had been sufficiently frank to tell the story. He did not think chancre of the tonsil at all a common condition, and as it might be mistaken for other troubles, it was well to make the differential diagnosis as clear as possible. Between this initial lesion and gummatous infiltration of the tonsil there was a strong similarity; but the main point of difference would be found in the condition of the glands.

DR. L. DUNCAN BULKLEY thought that one of the most important points of the paper, which he regarded as of exceedingly great practical interest, was that it called public attention to another place in which the initial lesion of syphilis was liable to occur. It had not been long since syphilis had been regarded as exclusively a venereal disease; so that to be affected with it was always a matter of reproach. Now, however, this was no longer the case, since we were beginning to learn in how many different ways the poison of syphilis might enter the system. Such a paper as this was, therefore, of great practical importance, as indicating to the general practitioner a source of danger in a situation in which he would probably not otherwise have thought of looking for it. As far as he could remember, he thought that he also had seen four cases of chancre of the tonsil. One was a particularly striking and touching case, occurring in a lady, who became affected with a papular syphilide without her family physician suspecting the nature of the trouble. She was thirty-two years of age, and of unblemished character. She was en-

gaged to be married to a man in the town in Connecticut where she resided, and it was undoubtedly from kissing him that the disease had been contracted. When seen by Dr. Bulkley in October, 1876, there was a well-marked chancre of the tonsil, with enlarged ganglia, and she stated that the tonsil first became affected in the preceding August. Subsequently the case proved to be one of the very worst that he had ever met with in all his experience with syphilis, disfiguring its unfortunate victim for life. Not long afterwards he was treating a lady for syphilis, who had been recently married, and it came to his knowledge that her husband was the very man who had given the first lady syphilis, the engagement having been broken off in consequence of this. During the present year the man himself had been under his care, suffering from very severe bone syphilis; and altogether he considered this one of the most interesting groups of cases that he had ever met with.

DR. W. C. JARVIS said that he thought there was more dread of chancre occurring in the mouth than there was any necessity for, since the parts were constantly bathed with a stream of mucus and saliva all the time pouring through the oesophagus into the stomach, and thus preventing a lodgement of the virus. This was undoubtedly the reason why chancre of the tonsil was so rarely met with.

DR. TAYLOR said, in reply to Dr. Otis, that he was well acquainted with the varieties in the appearances often presented by chancre in different parts of the body; but in the tonsils he did not believe that there was the same variation as in most other locations. The peculiar formation of this organ seemed to him to render a certain amount of hyperæmia and thickening inevitable when it became the seat of syphilitic infection. But even if the true nature of the trouble were not immediately recognized, much harm would not result to the patient, since it was now generally accepted that the right time to begin antisyphilitic treatment was when the outbreak of secondary symptoms occurred. He agreed with Dr. Sturgis that the intensity of the symptoms occurring in connection with chancre of the tonsil varied in different instances, and that the cardinal point in differentiating this from gummatous infiltration was the condition of the glands. This, taken in connection with the history and the concomitant conditions present, would leave little room for uncertainty. In regard to Dr. Jarvis's criticism, he would say that, in spite of the washing of mucus and saliva, the crypt-like follicles occasionally detained the syphilitic virus until infection had been accomplished. Hence it was well to be on the watch for its possible occurrence.

NEW YORK SURGICAL SOCIETY.

Stated Meeting, May 27, 1884.

THE PRESIDENT, R. F. WEIR, M.D., IN THE CHAIR.

DR. C. T. POORE read a paper on

OSTEOTOMY FOR ANKYLOSIS AT THE HIP-JOINT.

(See page 666.)

DR. A. C. POST said that the case referred to by Dr. Poore in his paper was that of a young man upon whom he operated many years ago in the New York Hospital for ankylosis following morbus coxarius, which occurred

in childhood. He divided the bone and brought the limb down into a good position, and the case seemed to promise well, but within one or two days after the operation the limb became enormously swollen, discolored, and the patient died of gangrene. The operation was performed below the lesser trochanter, and at the autopsy it was found that the gangrene was caused by the hooking of the femoral vessels over the projecting part of the upper segment of bone.

THE PRESIDENT remarked that gangrene after osteotomy at the lower end of the femur had occurred in two cases within the last two years.

DR. J. C. HUTCHISON thought that removal of a wedge-shaped piece of bone was unnecessary, because the osteotome itself makes a wedge-shaped opening, and when the bone is straightened the opening is closed, and in the operations which he had performed he had found it quite sufficient. He thought that the methods adopted and advised by Dr. Poore were such as were usually approved of by surgeons of the present day. In ankylosis of rheumatic origin, the head and neck of the bone being intact, Adams's operation (through the neck) should be performed, because being nearest the centre of motion, the formation of a movable joint here allows more freedom in the movements of the limb. If, however, the rheumatic arthritis is attended with large nodular deposits of new bone around the neck, this operation is inappropriate. The advantages of the operation below the trochanter (Gant's) had been well stated by Dr. Poore, and he thought that all surgeons would agree with the author of the paper that this operation was preferable in strumous cases, in which there is more or less destruction of the head of the bone, and a large proportion of cases requiring operation belong to that class.

He had divided the upper end of the femur three times. On one patient both bones were divided simultaneously, and the patient was subsequently treated by simple extension with a weight and pulley. This patient was shown to the Society. In the other case the patient was kept in bed for two weeks only, and extension was made by the weight and pulley. At the end of this time, when the immediate effects of the operation had subsided, he was put upon crutches, the sound limb being elongated by a high shoe, so as to suspend the diseased limb and allow it to make extension by its own weight, and also to be moved at the point of section, with the view of obtaining a false joint, using the weight and pulley at night. Union, however, took place in this case. The advantages of this method were that the patient was vastly more comfortable, while the weight of the suspended limb gave all the extension necessary, and an artificial joint is more likely to be formed, if this is desirable, than if the patient is kept in bed longer. Dr. Poore was to be congratulated in being able to overcome adduction without resorting to myotomy.

DR. POORE remarked that the only two cases in which a false joint had remained for much length of time were those reported by Barton, in which motion continued for six years, and the case reported by Dr. Sands, in which motion continued for two years. Dr. Walton, of Pittsburg, in one case divided the bone, as did Dr. Sayre, between the trochanters, and the same history followed, that is, motion for a time, and then an abscess

would form, and the patient would be worse. After recovering from this somewhat, he would begin with passive motion, and the last record was that the bone at the point of motion was becoming ankylosed. There was no case on record, so far as he had been able to find, in which a permanent false joint had been formed. Dr. Poore thought the fatal cases, as a rule, followed section of the bone after ankylosis from hip-joint disease. At least this had been the fact within the last twelve years. Previous to that date the operations were done through a very large wound, and he thought that those cases should hardly enter into the statistics.

NEWS ITEMS.

WASHINGTON.

(From our Special Correspondent.)

HEALTH MATTERS IN CONGRESS.—Mr. Riggs, from the Committee on Public Health, reported back, with an adverse recommendation, House Bill No. 2885, to amend an Act entitled "An Act to prevent the introduction of infectious and contagious diseases into the United States, and to establish a National Board of Health," which was laid on the table, and the accompanying report ordered to be printed. Mr. Riggs stated that he was instructed by the Committee to report the following resolution, with the recommendation that it be referred to the Committee on Appropriations, and it was so referred:

Resolved, That the Committee on Appropriations of this House be, and they are hereby instructed to include in the sundry civil appropriations for the year ending June 30, 1885, the following items:

"For the Contingent Epidemic Fund, to be at the disposal of the President, and to be expended at his discretion, the sum of \$200,000, including the unexpended balance of previous appropriations, amounting to \$115,000.

"For the support of the National Board of Health, the following sums:

"For pay and expenses of the members of the Board, and for the investigation of questions affecting the public health, including the study of other diseases than smallpox, cholera, and yellow fever, \$18,000.

"For rent, fuel, postage, telegraphing, printing, and all other miscellaneous expenses, \$2500.

"For disbursing agents, clerks, and messenger, \$4500, amounting in the aggregate to \$25,000."

The effect of this action, if agreed to by the House and approved by the Senate, will be to leave U. S. quarantine matters in the hands of the Marine-Hospital Service, where it naturally belongs, and give the Board something to do in the way of miscellaneous investigations into the causes of disease and kindred subjects.

BERLIN.

(From our Special Correspondent.)

THE KOCH FESTIVAL.—The banquet of welcome given to Dr. Koch and his companions in recognition of their distinguished achievements and their return from Egypt and India, took place on May 13, in the spacious Winter-Gardens of the Central Hôtel. About six hundred physicians, civil as well as military, professors, State

physicians and practitioners, gathered around the long row of tables. The assembly was also honored by the presence of Mrs. Koch and her daughter, who watched the proceedings from the balcony, surrounded by the ladies of distinguished members of the Committee.

The members of the Commission, Dr. Koch and Staff-surgeons Gaffky (Prussian Army) and Fischer (German Navy), wore the high war decorations conferred upon them by the Emperor, which the German Crown Prince had personally presented to them on the third day after their arrival. It is a remarkable fact, that the decorations were then for the first time given to medical men on the black ribbon, which has been heretofore reserved for active combatant officers, and further, that the Emperor himself, the day before his intended departure for Wiesbaden, received the Commission in ceremonial audience. Therefore, Professor Dubois-Reymond, who at the banquet had the honor of proposing the health of His Majesty, was right in laying stress upon the Emperor's lively and active interest in the development of art and science, adding that the peaceful era of the united Empire could not be better inaugurated than by remarkable deeds in this direction.

Prof. v. Bergmann, as President of the Committee, proposed the health of the Commission. It was not the peerless gallantry and self-devotion he wanted to praise—virtues as well exhibited by those who once undertook to study the typhus fever in Silesia, as by those who dissected plague-corpses in the mouldy huts of Wetliauka—virtues common to the profession. It was not more the momentary success which merited the highest praise in our science. "What we want to acknowledge to-day is your mode and manner of working, your undaunted assiduity, your unparalleled painstaking diligence, and last but not least, your scientific methods, cautious, critical, severe against yourself and your pupils." Surgery in particular, he said, was under obligations of gratitude to a man who, in antiseptics, had finished the work of Lister, like Harvey finished the discovery of Ambroise Paré.

DR. CONRAD KUESTER then, in the name of the practising physicians of the metropolis, welcomed the Commission and dwelt upon the practical consequences of their discovery; he went perhaps a little too far in assuming that in the future the work of the physician might be exclusively prophylactic. PROF. VIRCHOW, therefore, could not avoid warning his auditors against drawing too precipitately practical conclusions; but from a merely scientific point of view, he thought it well worth mentioning that the discoverers of the bacilli of cholera and tuberculosis had reconquered for the physician (the old master of all sciences belonging to "physics") a vast territory, which for a long time had been usurped by the botanist. He further dwelt upon the extraordinary and well-merited honors conferred upon the Commission, honors which he claimed were reflected upon the whole profession and which, he thought, were calculated to raise its authority as well as its self-esteem. In conclusion, he mentioned in a most spirited and humorous way his first meeting with Dr. Koch, who then was still a "Kreisphysicus" in a small country town (Wollstein).

After the reading of addresses from the "Gesellschaft für öffentliche Gesundheitspflege," and the "Verein für innere Medicin," by Professors Hirsch and Leyden,

ROBERT KOCH rose to make a reply. He did not find anything extraordinary, he said, in the whole enterprise for a man who, like himself, during twelve years was accustomed to deal with the germs of all kinds of infectious diseases, although the death of Dr. Thuillier might show that such expeditions were not altogether without danger. He likewise did not find anything extraordinary in the discovery of the cholera bacillus, which, sooner or later, would have been made out from necessity as a ripe fruit of the well-trained and exact *methods*. But he was gratified to find some acknowledgment of the merit in the development of these well-acting methods. He was well aware that his discovery would not contribute very much to the improvement of therapeutics, but he believed that his experiences in Egypt and India would allow him to make some practical propositions concerning the prevention of cholera, and that, perhaps, if only the governments concerned would agree upon his plan, *it might be possible to restrict the disease to its motherland—India!*

Words of such vast significance, on an official occasion, from the lips of a man of Robert Koch's reserve and modesty, deserve our highest attention. Careful readers of the reports sent from Egypt and India will remember a somewhat dark and obviously abbreviated passage about the mode of cholera importation studied in the quarantine harbors. This passage, together with the fact that the third report was not published at all, allows the conclusion that the German government is in possession of most important positive propositions about the effective prevention of cholera importation, which are not yet ripe for publication. The success of such measures would guarantee to our countryman a position among the greatest benefactors of mankind. For such a merit even the extraordinary honor of a public donation (of 135,000 marks) by a legislative Act just sanctioned by the German Diet seems only a poor equivalent.

The series of toasts was concluded by Dr. Lassar, who drank the health of Mrs. Koch, now united with her husband after painful months of sorrow and uncertainty.

LONDON.

(From our Special Correspondent.)

THE CLINICAL SOCIETY.—At the last meeting of the Clinical Society Mr. WILLIAM ANDERSON read notes of a case of *Pyelo-lithotomy*. The patient was a young man, aged twenty-three, who had suffered for nine months from attacks of pain, in the left lumbar region, and hæmaturia, brought on by physical exertion. The urine was always free from pus and calculi. On admission to the hospital nothing could be detected on physical examination of the bladder or lumbar region. The urine contained blood-corpuscles and crystals of uric acid. After a month, however, tenderness and pain were felt in the left loin, and a local fulness accompanied by an increase in the area of renal dullness. An operation was performed about a month later. The kidney was exposed, with complete antiseptic measures, by an oblique incision parallel with the eleventh rib. A stone was detected in the pelvis of the kidney both by digital examination and acupuncture. This calculus was reached by an incision through the wall of the

pelvis without damage to the renal parenchyma. It was seized with a pair of forceps, and after some trouble dislodged and removed. It weighed sixty grains when entire, and consisted mainly of oxalate of lime. Since the operation nearly forty calculi have been expelled. Excluding from present consideration all cases of nephro-lithotomy complicated by the presence of a lumbar sinus or in which an abscess has been previously opened (as in Mr. Marrant Baker's case in 1874), this example may be enumerated as the eighth on record. The operations have been completely successful in seven and followed by a fatal result within twenty-four hours in one, in which the kidney on the affected side was the seat of abscess and the opposite organ was extremely diseased. In no instance did any permanent fistula result, the urine ceasing to drain through the wound after the lapse of an interval ranging from eighteen hours to eighty-one days. The operative procedures differed principally in the treatment of the kidney. In five cases the stone was reached by division of the healthy renal tissues, and in two was removed through an aperture made in the duct. The term *pyelolithotomy* was proposed as a name for the operation now described, to distinguish it from the procedure in which the stone is extracted through a renal incision, and to which the name *nephro-lithotomy* more properly belongs.

MR. RICKMAN GODLEE did not think there was much danger from hemorrhage when the renal parenchyma was incised.

SIR ANDREW CLARK spoke of the medical interests of the case, and suggested that the diet or nutrition was at fault.

MR. HENRY MORRIS spoke at some length, and also endorsed the opinion that hemorrhage from the renal substance was readily stopped by elastic compression, as Mr. Marcus Beck had pointed out.

DR. FINDLAY read a paper on the sequel to a case of *aortic aneurism involving the ascending part of the arch in a woman aged about forty*. The disease had been attended with regurgitation through the aortic orifice.

MR. GOLDING BIRD read a paper on *hernie en bursæ*, and DR. FREDERICH TAYLOR related a case of foreign body in the larynx removed by laryngotomy. The body was a piece of mutton bone which had remained in the larynx below the glottis for three months.

DR. DE HAVILAND HALL asked how it was that no attempt had been made to remove the piece of mutton bone by means of the laryngeal forceps.

DR. COUPLAND narrated two interesting cases of foreign bodies impacted in the air-passages. One was a case of syphilitic caries of the base of the skull, in a woman who had died suddenly from asphyxia due to a piece of necrosed bone having fallen from the base of the skull into the larynx. A second case was that of a boy who had swallowed, inadvertently, a piece of mutton bone, which choked him and got into the bronchi, where it set up consolidation of the right lower tube of the lung. The bone was expectorated some months later, and the signs of pulmonary disease soon disappeared.

YELLOW FEVER NOTES.—Sanitary Inspector Burgess, U. S. Marine-Hospital Service, stationed at Havana, in

his weekly abstract of bills of health issued at that port for the week ending May 24th, says there have been thirteen deaths from yellow fever during the week. He inspected thirteen vessels, and fumigated three bound to U. S. ports—one, the Spanish bark "Eugenia," bound to Philadelphia, loaded with bones, hair, hoofs, horns, old metal, and old railroad iron, was regarded by him as in a very unsanitary condition, although he fumigated and disinfected the vessel and cargo as far as practicable.

Four vessels were inspected at the Cape Charles quarantine station during the past week, and all found to be in good sanitary condition; they put into Hampton Roads to await orders, and were loaded with sugar.

STATE MEDICAL SOCIETY MEETINGS.—*The Indiana State Medical Society* will hold its annual meeting at Indianapolis, on Tuesday, June 10th.

The Ohio State Medical Society will hold its annual meeting on the same day at Columbus.

The New Jersey State Medical Society holds its one hundred and eighteenth annual meeting at Cape May on June 10th.

The Maine State Medical Association also meets on Tuesday next.

The Massachusetts State Medical Society meets at Boston on Wednesday, June 11th.

The Rhode Island State Medical Society holds its annual meeting on Wednesday, at Providence.

The Michigan State Medical Society holds its nineteenth annual meeting at Grand Rapids on June 11th.

M. PASTEUR ON THE PROPYLAXIS OF RABIES BY VACCINATION.—At a meeting of the Académie des Sciences on Tuesday last, M. Pasteur read an important communication on Rabies. It contained a detailed account of his experiments, made with the help of his pupils, MM. Rout and Chambellan, in order to arrive at a method of attenuating the virus of rabies. This long looked-for result M. Pasteur believes to be realized. If the virus of rabies be taken from a mad dog, and passed through the tissues of a monkey, and afterwards from monkey to monkey, its virulence is much modified. Dogs, rabbits, and guinea-pigs, inoculated with this modified or attenuated virus do not contract rabies. Neither does inoculation by trephining provoke the disease. The virulence of the virus of rabies is increased when passed from rabbit to rabbit, or from guinea-pig to guinea-pig. This virus, injected into the veins of dogs, provokes a more violent form of rabies than ordinary virus of rabies (*rage des rues*). In order to communicate this excessive virulence to the virus, it must be passed several times through the tissues of a rabbit or a guinea-pig. This is necessary in both cases, either of attenuation, from successive transmissions from monkey to monkey, or in that of the naturally weaker virus of rabies. M. Pasteur concluded by saying that he has succeeded in considerably simplifying vaccination for rabies, and at the same time rendering the animals exempt from illness. In a short time hence, he will communicate to the Académie des Sciences a completed and detailed account of his experiments. M. Pasteur has written to M. Faillères, Minister of Instruction, requesting him to appoint a commission to judge of the value of his experiments. The dogs rendered exempt

from rabies by his method of vaccination will be placed at the disposal of its members. M. Faillères has appointed the following as members of the commission: M. Béclard, Dean of the Faculty of Medicine; M. Paul Bert, Membre de l'Institut, and Professor of General Physiology at the Science Faculty; M. Bouley, Membre de l'Institut, and Professor of Comparative Pathology at the Natural History Museum; Dr. Villemin, Clinical Professor at the Military and Medical Pharmaceutical School; Dr. Vulpian, Membre de l'Institut, and Professor of Comparative and Experimental Pathology at the Paris Medical Faculty; M. Tisserand, Conseiller d'Etat, State Director of the Agricultural Department.—*British Medical Journal*, May 24, 1884.

THE ELEVATION OF PROFESSOR FRERICHS TO THE RANK OF A NOBLE, has been received with the highest satisfaction by the Berlin medical press, and the profession at large. When he appeared at the Clinic the day after it had been made known, a very warm ovation awaited him. In acknowledging the compliment, he observed that he was quite aware that the distinction was appreciated not merely on personal grounds as related to himself, but also in relation to the profession of which he was a member. Conferring this rank upon professors is quite a recent occurrence in Prussia, the celebrated surgeon Bernhard von Langenbeck having been the first so honored in recognition of his services in the Danish war. A year later, Ranke, the famous historian, was raised to this rank on his seventieth birthday. So long ago as 1866, Dr. Lauer, the personal medical attendant of the Emperor, was so honored; and last year, at the request of the Crown Prince, the great physicist Helmholtz received the promotion. He commenced life as an anatomist and army surgeon; so that of the five persons who have been thus ennobled, four belong to the medical profession.—*Medical Times and Gazette*, March 29, 1884.

BABY-FARMING IN NEW JERSEY.—The State Board of Health of New Jersey has recently had occasion to investigate cases of sickness and death occurring within a few weeks in an institution known as a Sanitarium, near Hammonton, Atlantic County. It is a place for the reception of foundlings. There have been received since January 15th twenty-five infants, and twenty-three are dead. They were all buried, without certificate of death or undertaker, in a small lot near the house. The person in charge of the house is a female physician, who had not registered under the laws of the State. She claims to be conducting a charitable institution, and her prospectus has the endorsement of many excellent clergymen and laymen. The condition of a part of the premises is not good. All the children were bottle-fed. The case is being investigated by the coroner, and the developments, medical, dietetic, insanitary, moral, etc., are peculiar.

DR. C. C. FITE has recently resigned the secretaryship of the State Board of Health of Tennessee. This step was taken in order to devote his whole time to the practice of his profession.

THE UNIVERSITY OF PENNSYLVANIA.—At a meeting of the Board of Trustees, held on June 3d, Dr. William

Pepper was elected to the Professorship of The Theory and Practice of Medicine, rendered vacant by the resignation of Dr. Alfred Stillé.

VIRCHOW ON TRICHINOSIS.—PROF. VIRCHOW has written to the newspapers to express his opinion that the danger arising from trichinosis in German pork is "infinitely greater" than the peril of an epidemic from the American hog, and that, to be consistent, the Imperial Government, which has forbidden the importation of all sorts of American pork, should not allow swine-rearing in Germany.

PROF. S. D. GROSS.—At a special meeting of the Alumni Association of the Jefferson Medical College the following resolutions were adopted:

Whereas, The Alumni Association of the Jefferson Medical College has learned with feelings of heartfelt sorrow and regret of the death of its honored President, Professor Samuel D. Gross.

Resolved, That in his death the Association has lost its most eminent member—one whose constant endeavor it was to promote the best interests of his Alma Mater, to establish throughout the land her reputation as a great school of medicine, and to unite in a bond of common brotherhood her alumni.

Resolved, That as the most illustrious alumnus of his Alma Mater, he has conferred honor upon his country and his profession as a learned author, a teacher unequalled in his ability to impart instruction, and a practitioner whose comprehensive knowledge and sound judgment distinguished him as the good physician and great surgeon.

Resolved, That he has left an imperishable record of an honorable career, characterized by an indefatigable industry, integrity of purpose, noble ambition, devotion to the elevation of the standard of his profession, and by all that could contribute to greatness of his calling.

Resolved, That, distinguished by those amiable qualities of heart and that genial disposition which endeared him to his fellow-men, we found in him always a kind friend and a wise counsellor.

Resolved, That we tender to the bereaved family our deepest sympathy in the great loss they have sustained.

NOTES AND QUERIES.

BACILLUS TUBERCULOSIS.

To the Editor of THE MEDICAL NEWS.

SIR: As an encouragement to those who are trained in the use of the microscope, but who refrain from employing it in the search for the tubercle bacillus, I write to say that I have succeeded perfectly by the aid of your recent editorial giving Fränkel's method. I had failed after repeated efforts whilst using magenta by the formula advised by Drs. Gradle and Voltmann; not necessarily, however, owing to a defect in their directions. With an excellent objective (Nacht, No. 7), I do not find a condenser essential. The error which the beginner is apt to make is by employing too low a power. With the "aniline water," treated with fuchsin as a staining agent, the colors being taken out by alcohol weakly acidulated with nitric acid, I had the best results. The preparations were kept seven minutes in the staining fluid, which was heated in a test-tube just before using, and ten or more in the alcohol. I did not find retaining essential.

In my experience, a jointed, rod-like fungus, of the same length as Koch's bacillus, and which I have several times seen, is apt to be taken for the true bacillus.

The beginner should have good, prepared specimens of the bacillus for comparison. Such were sent to me by Col. Rion, of this State, and they proved very useful.

Truly yours,

F. PEYRE PORCHER, M.D.

CHARLESTON, May 28, 1884.

TRACHEAL STENOSIS.

To the Editor of THE MEDICAL NEWS.

SIR: THE MEDICAL NEWS for May 17, in its report of the proceedings of the American Laryngological Association, contained a report of a paper which I read, and which was based on three cases of stenosis of the trachea (probably of specific origin), treated by enormous doses of iodide of potassium or sodium, gr. 90 to 480 daily, with gratifying results after ordinarily large doses, gr. 30 to 60 daily, had utterly failed.

Your reporter says, with reference to the first case: Dr. Ingals recommended iodide of potassium *very highly* in this kind of trouble; the patient died, his decease being attributed to asthma, etc.

This places the matter in a wrong light, leaving the reader to suppose that I thought the patient died of asthma, which was not correct; and second, that I *highly* recommended a common remedy for a common disease.

What I really said was that the paper was merely suggestive, illustrating what might be accomplished in *some proper* cases by giving *very large doses* of a remedy which I believe should usually be given in small quantities.

Further, he states: "In the second case this acted so favorably that there had been no return of the severe symptoms *which were at no time urgent*, etc." [The italics are my own.]

This would lead the reader to suppose that it was a trifling case which was but slightly modified by treatment. On the contrary, the patient had been in great distress for many weeks, and for several days before the heroic measures were adopted and for a number of days afterward, he had been in imminent danger. Subsequently his dyspnoea had been relieved as the result of the treatment, and he had been able to resume his work.

Referring to the last, which was the most interesting case of the lot, because in it the progress of the recovery was accurately watched by the laryngoscope, and a perfect cure resulted, your reporter says only this: "In the third case it was necessary to perform tracheotomy." This would lead the reader to suppose that *during ineffectual* treatment the operation became necessary, whereas, the history clearly shows that tracheotomy was done before the large doses (which constituted the interesting feature of the paper) had been given, and that while the remedy was being given according to the method under discussion the obstruction speedily disappeared, although it had previously resisted all ordinary treatment.

If these large doses are recommended in any case, it is important that the remedy should be *largely* diluted and its effects carefully watched.

Very truly yours,

E. FLETCHER INGALS, M.D.

CHICAGO, May 30, 1884.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM MAY 27 TO JUNE 2, 1884.

WRIGHT, J. P., *Major and Surgeon*.—Directed to perform, temporarily, in addition to his other duties, those of Medical Director, Department of the Missouri.—*Par. 2, S. O. 107, Headquarters Department of Missouri*, May 28, 1884.

MIDDLETON, PASSMORE, *Captain and Assistant Surgeon*.—Granted leave of absence for one month on surgeon's certificate of disability.—*Par. 2, S. O. 107, Headquarters Department of Missouri*, May 28, 1884.

BAILY, JOS. C., *Major and Surgeon*.—Now on leave of absence, is relieved from duty in Department of Texas, and ordered to report to Commanding General Department of the East for assignment to duty at Fort Monroe, Va., to relieve Lieutenant-Colonel Charles Page, Surgeon, U. S. A., on July 1, 1884, from duty at that station.

LIEUTENANT-COLONEL PAGE, on being relieved by Major Baily, will proceed to Fort Leavenworth, Kansas, and report to Commanding General Department of the Missouri, for assignment to duty as Medical Director of that Department.—*Par. 12, S. O. 125, A. G. O.*, May 29, 1884.